# **Medical Economics**

PUBLISHED EVERY OTHER MONDAY . ISSUE OF JANUARY 5, 1959

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SAVING TOO LITTLE?



HERE'S A PRACTICAL WAY TO ...



OF YOUR EARNINGS



prevents painful engorgement New 2-day

# TACE 25mg.

over 3,000 patient studies<sup>1,3,4</sup> have proved TACE 12 mg. unsurpassed<sup>2</sup> in prevention of painful breast engorgement. Now, these same advantages are available in a shorter term 2-day course of therapy with TACE 25 mg. capsules.<sup>2</sup>

recurrent engorgement and withdrawal bleeding rare 1,3,4 (just 3 cases of refilling and 9 of withdrawal bleeding among 3,251 patients), because TACE is longer acting. TACE 25 mg. retains these advantages of unique storage in body fat. All TACE forms are released gradually, like a natural hormonal secretion, even after therapy stops.

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dose for both forms: 2 capsules every six hours for six doses, beginning immediately after delivery.

Nulsen, R. O. et al.: Am. J. Obst. & Gynec. 65:1048, 1953.
 Nulsen, R. O.: Concurrent administration of TACE and Ergonovine, Ohio State M. J. (in press).
 Bennet, E. T. and McCann, E. C.: J. Maine Med. Assoc. 45:225, 1954.
 Eichner, E. et al.: Obst. & Gynec. 6:511, 1955.

TRADEMARKS: "NACE WITH ERSONOVING," TACE



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# **Medical Economics**

NEWS BRIEFS

PROFESSIONAL ENTERTAINMENT IS "BRIBERY," says Dr. George Heller, Bergen County (N.J.) Medical Society president. Instead of taking tax deductions for a morally questionable practice, he urges, "physicians should take the lead" in stamping it out.

HOW DAMAGE AWARDS ARE MOUNTING is shown by recent statistics from Creek County, Okla. The average award there in 1947 was \$2,585. In 1957: \$89,781.

"NATIONAL NUISANCE" is what fund drives have become, writes Harper's Magazine Editor Marion Sanders. She says a recent check of one county showed some 60 groups soliciting funds. Among them: 19 for the blind, 7 for disabled veterans, 6 for the crippled, and 5 for cancer.

A.M.A.'s NEXT PRESIDENT-ELECT may be Dr. George F. Lull, insiders say. He'll reportedly quit his current post as assistant to the Association's president on Jan. 15 to become an eligible candidate.

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#### NEWS BRIEFS

YOU DIDN'T NEED ALL THOSE SCIENCE COURSES in college, a new study of 1,390 Harvard pre-med students indicates. Of those who went on to Harvard Medical School, it was found the science majors did less well by third year than the social science majors.

MEDICINE'S COLOR LINE isn't being drawn only in the South, indicates a recently published study, "Negroes and Medicine." In Chicago, for instance, it found only 7% of all Negro M.D.s were on "white" hospital staffs. Other examples: In Detroit, 16%; Boston, 21%; Indianapolis, 23%; Los Angeles, 25%.

TAX MEN HAVE TRIED IN VAIN to revoke one nonprofit hospital's tax exemption. They claimed that its unsalaried M.D.-director profited by renting the hospital's offices for use in his private practice. Key factor in the Tax Court's ruling: The M.D.-director's income actually decreased while he used the hospital offices, "probably because he devoted considerable time to the hospital's affairs."

"MY ELECTION WAS PERFECTLY LEGAL," maintains Dr. Dale Alford of Little Rock, Ark. He won a House of Representatives seat as a segregationist write-in candidate in November. Then the House Elections Committee challenged his right to a seat. "They're just playing politics," Dr. Alford recently told this magazine. "I'd welcome a full investigation."

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NEW BENEFIT LABOR'S SEEKING: free psychiatric care. California retail clerks want it in case they "can't stand the pressure of keeping shelves stocked."

MEDICAL PARTNERSHIPS GET AN EXTRA TAX BREAK from a recent Internal Revenue Service ruling. The tax law passed in 1958 gives individual doctors an added depreciation deduction of up to \$2,000 in the year they buy new equipment. Now the I.R.S. has ruled that in partnerships each doctor can claim this deduction. Thus a 5-man partnership could depreciate an extra \$10,000 of the new equipment's cost in the first year.

YOUR PATIENTS 65 OR OLDER WHO'RE DISABLED may now deduct up to \$15,000 for last year's medical expenses, the Internal Revenue Service points out. Ceiling on such deductions formerly was \$5,000.

LABOR MAY SOON GET A SEAT on the Connecticut Blue Shield board of directors, which now consists of 6 M.D.s and 6 businessmen. The A.F.L.-C.I.O. recently threatened that unless Blue Shield took steps to grant it representation by Jan. 1, it would ask the Connecticut Legislature to pass a law requiring such representation. Now a union official reports his group hasn't yet appealed to the Legislature. They've heard Blue Shield is working out plans to grant their demand.

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#### NEWS BRIEFS

SALES OF THE ANTI-A.M.A. BOOK, "The Doctor Business," are soaring. But Author Richard Carter isn't pleased. It's "drawing most of its readers from [doctors], rather than from the public, for which it was intended," he recently complained.

TELLING HOW A FAMOUS PATIENT DIED doesn't usually get a physician in trouble. But it recently cost one man heavily. Dr. Galeazzi-Lisi has been barred from practice by the Council of the Rome Medical Association for selling publishers the details of the death of his patient, Pope Pius XII.

PLAINTIFF'S ATTORNEY MELVIN BELLI, who's famed for winning huge damage awards, now says he has a way to keep most malpractice suits out of court. "Add a few cents to each patient's medical bill," he suggests, "and have the doctor or hospital kick in a like amount. Use the resulting fund to settle with any patient who's injured." Who'd determine a fair settlement? "Local doctor-lawyer panels."

YOU'LL NEED TO SAVE FEWER FINANCIAL RECORDS if the Internal Revenue Service's latest plan works out. It's trying to set time limits on how long every type of financial record must be kept. Under present rules, taxpayers must save indefinitely any document that "may become material in the administration of any internal revenue law."

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ave you seen a patient with

Togt-Koyanagi?

Syndrome?

hen you should know...

has been reported<sup>1,2</sup> that patients with the gt-Koyanagi syndrome benefit from METICORTEN, tensive literature indicates that practically every ticosteroid-responsive disorder may be expected to nefit from this established steroid.

TICORTEN® (prednisone) is available as 1, 2.5 and 5 mg. white tablets.

t-Koyanagi syndrome—Bilateral uveitis with alopecia, mis, dysacusia, vitiligo and retinal detachment. addition to its proved value in steroid-responsive eye wers, METICORTEN is unsurpassed in relief of asthma, matoid arthritis and severe hay fever.

matein, M.: A.M.A. Arch. Ophth. 57:503, 1957. T. L.: California Med. 87:266, 1957. Schering

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In peptic ulcer: six aids

to total management

are inadequate in the management of peptic ulcer. . . . They should be administered only as adjuncts to conventional treatment with antacids, diet, sedation, and other therapeutic measures."

1. Kirsner, J.B., et al.: M. Clin. North America 41:499 (March) 1957.

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# **Medical Economics**

INDEPENDENT NATIONAL BUSINESS MAGAZINE FOR PHYSICIANS, JAN. 5, 1959

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#### How to Write Collection Letters That Get Results 71

First, jog the patient's memory. Next, express concern about him. Third, appeal to his pride. If he still doesn't act, this expert advises, it's time to tell him you will

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Here are the nine tax dates to remember for the coming year—the dates when you must file tax forms or make payments on your income or Social Security taxes

#### How I Broke Into My Hospital's Closed Shop . . 78

This young doctor found himself and his contemporaries blocked off from the operating table by a clique of older men. Nothing daunted, he came out swinging and won

#### If You're Tempted to Invest in Alaska..... 83

Wall Street is warning people that quick profits are unlikely in our forty-ninth state today. But if you want to take a flier, here's how you might make out all right

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'Troph-Iron' not only gives a healthy boost to appetite, but it also promotes growth and corrects nutritional iron deficiency in the child who is underpar.

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#### 

Spending too much? Saving too little? Here's a practical way to conserve some of your take-home pay for future use

#### 'You're Not Running a Private Concession!' . . . 94

Medicine is changing from a private enterprise into a public utility, says this new medical leader, and doctors need to change their ideas along with it—especially ideas on 'third parties,' 'free choice,' and 'socialized medicine.' Here's a thought-provoking interview with Dr. Norton S. Brown, new president of the largest county medical society

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There are tell-tale signs that mark your suit-prone patients off from the others, this psychological study suggests

#### What the Steelworkers Want From Medicine . . 118

No longer sold on the Blue plans, they're out to get their own hospitals, clinics, and diagnostic centers. The goal: total medical care paid in full. But they're eager to work with doctors, not against them, says their head man

#### 'U.S. Must Bail Out Our Medical Schools' . . . . 135

They need Federal funds to finance day-to-day operations not just research, warns Dr. Lowell T. Coggeshall, past president of the Association of American Medical Colleges

More >



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Control of respiratory congestion is basic to breaking the cough-congestion cycle.

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More ▶

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Corrin, K. M.: Am. Pract. & Dig. Treatment 8:721 (May) 1957.

Tranquilizing Raudixin helps relax the anxious hypertensive patient so that he is better able to cope with external pressures without being overwhelmed by them. By reducing these anxieties and tensions, Raudixin helps break the mental tension—hypertension cycle.

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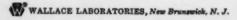
tablet contains 409 mg. meprobamate and 1 mg. 2-diethylamineothyl benzilate hydrochloride (benactyzine HCI).

Supplied: Bottles of 50 scored tablets. Trans-HARK 69-7479

1. Alexander, L.: Chemotherapy of depression—Use of meprobamate combined with benactyzine (2-diethylaminoethyl benzilate) hydrochloride. J.A.M.A. 166:1019, March 1, 1958.

2. Current personal communications; in the files of Wallace Laboratories.

Literature and samples on request



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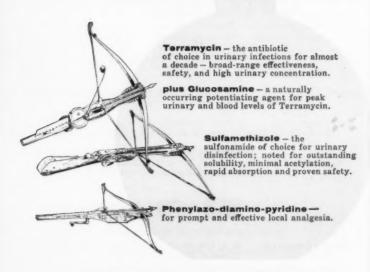
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## Letters

#### Clinical Note

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Sirs: One of your cartoon captions has a patient asking whether she should boil the water for an enema when she travels in Mexico. 'Tain't funny! This is a very sensible thing to do.

> Kermit H. Gruberg, M.D. Berkeley, Calif.

#### What Internes Gain

Sirs: One of your correspondents suggests abolishing the interneship, since it's "merely a year of slavery." While I was an interne, I too felt overworked, underpaid, and generally abused. But since entering practice, I find myself wishing I'd heeded the advice of my superiors and taken a second year of interneship. In order to get even week-long programs of the same caliber I had then, I must now pay fairly large sums and must somehow find time to leave my practice.

The first taste of real responsibility comes during those lonesome night hours of interneship when the attending man says on the phone, "You see to it. I'll be in in the morning."

This is invaluable preparation for general practice, where there's no one in "in the morning" except yourself.

Archie R. O'Connor, M.D. Clinton, Mich.

#### 'M.D.s Need Physicals'

SIRS: "Professional Courtesy?'I'd Rather Pay!' " does a service in highlighting the fact that the professional-courtesy dilemma keeps many doctors from having needed physical examinations. I'll never forget that the prostatic cancer of one of my doctor-friends was detected too late because he wasn't examined regularly.

In the medical partnership agreements drawn up by my firm, annual physicals for the partners is a basic condition. But this doesn't help the solo doctor get the examination he needs. He has to be pushed into it.

> Chester Porterfield Medical Management Control San Francisco, Calif.

#### Servicemen Do Pay Taxes

SIRS: Dr. Louis B. Posner, who recently commented on a letter of mine that was critical of Social Security, apparently believes that members of the Armed Forces pay no Social Security taxes. But they



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MEDICAL ECONOMICS - JANUARY 5, 1959

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do. Since Jan. 1, 1957, servicemen have been subject to compulsory Social Security taxation.

Richard L. Fruin, M.D. Captain (Medical Corps), U.S.N. Lakehurst, N.J.

#### **Narcotics Clinics**

Sirs: U.S. Narcotics Commissioner Harry J. Anslinger is correct in saying that narcotics arrests diminish in areas where there's strict law enforcement. But Mr. Anslinger's punitive approach hasn't cured a single addict. It has merely driven the addicts farther underground, or else it has swept dirt into the neighbors' yards. When Ohio "got tough," addiction increased in bordering states.

The recognition of addiction as incurable—which is the case at present—leads us inevitably to the clinical plan, under which free narcotics would be dispensed under medical supervision. I agree that it's an unhappy state of affairs to continue these patients' addiction. But what are we to do with them? Incarcerate them forever in jails and jail-like hospitals? Turn them loose so they can prey on the rest of us to support their frightfully expensive habit?

The clinic plan would empty our jails of hundreds of noncriminals; it would prevent the sickness and death of addicts from impure drugs; it would stop the proselytiz-

### Letters

ing that almost all addicts must do; and, most important of all, it would bring this symptom complex into the open where all physicians could learn to manage it. Only then might we hope to find the cure.

> Herbert Berger, M.D. Staten Island, N.Y.

#### 'Subsidized Monopoly'?

SIRS: Your article "'Stop Giving Staff M.D.s a Subsidized Monopoly!" "makes reference to the Fargo Clinic, of which I am one of the twenty-seven partners. The reference is inaccurate and misleading.

Quoting from the new monograph published by the Foundation for Management Research, you state: "The monograph suggests you take a look 'at the Fargo Clinic in St. Luke's Hospital. Fargo, N.D. [It's] an excellent specimen of what develops from such modest beginnings as physicians' offices in hospitals.' "

The fact is, the Fargo Clinic is not "in St. Luke's Hospital." It is adjacent to it, but no part of the clinic is situated on land owned by the hospital. The clinic leases its offices and all its space from a private corporation, the capital stock of which is owned [More on 244]

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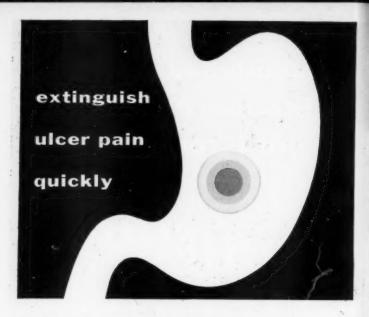
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Mucotin is a soothing adjunct to any peptic ulcer regimen and assures prompt relief in hyperacidity, chronic gastritis, pylorospasm and gastroenteritis. Dosage: two pleasant-tasting tablets 2 hours after each meal or whenever symptoms are pronounced.

Each Mucotin tablet contains: natural gastric mucin 160 mg. (2½ gr.), aluminum hydroxide gel 250 mg. (4 gr.), magnesium trisilicate 450 mg. (7 gr.).

# Mucotin

the antacid with natural gastric mucin

coats the crater neutralizes acid



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Many medical advances have been in the last twenty years. MSOL remains the first choice of any physicians for the treatment of oriasis.

Published medical articles\* provide inical proof of the safety and effi-

cy of RIASOL. Here are five essentials in the IASOL treatment of psoriasis:

(1) Intolerable itching relieved immediately.

(2) Scales begin to disappear in a few days.

(3) Red patches gradually fade and vanish.

(4) Fewer recurrences with continued therapy.

(5) No steroids, no adverse reactions.

RIASOL contains mercury 0.45% hemically combined with soaps, henol 0.5%, and cresol 0.75%.

A thin film of RIASOL is applied very night and rubbed in gently, fter bathing and drying the skin. MASOL is non-staining and requires o bandages.

Supplied in 4 and 8 fld. oz. bottles at rug-stores or direct.

kugel, I. H., New local treatment for psoriasis, with report of 21 cases, M. Rec. 151:397, 1940. Ant. M., Local treatment of psoriasis, including a teview of medical literature, M. Times 85:1397,

Try RIASOL® Yourself



Professional sample and literature are available on request. Write to

SHIELD LABORATORIES Dept. ME-159

12850 Mansfield Avenue Detroit 27, Michigan



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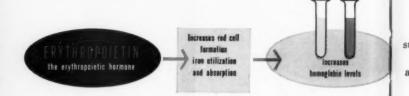


AFTER USE OF RIASOL

RIASOL FOR PSORIASIS

ENHANCE ERYTHROPOIETIN FORMATION T EFFECTIVELY TREAT THE COMMON ANEMIA

# RONCOVITE-mf



Erythropoietin, the erythropoietic hormone, is the newly recognized phys logic regulator of red cell formation.

Outstanding investigators have proved cobalt to be the only knot therapeutic agent which stimulates erythropoietin formation. Acti through this natural physiologic channel, erythropoietin produced by cobincreases red cell formation. In consequence, iron utilization and absorpti and hemoglobin synthesis are accelerated. Thus, more efficient utilization administered iron makes possible greatly reduced iron dosage and bett tolerated therapy in the new cobalt-iron hematinic—RONCOVITE-M

**PRACTICAL APPLICATIONS**—Extensive clinical experience has repeatedly de onstrated that a combination of cobalt and iron (Roncovite-MF) is superito iron alone in the common hypochromic anemias, such as menstruanemia, anemia of pregnancy, nutritional anemia of infancy, and anem due to gastrointestinal bleeding.<sup>2, 3, 4, 5</sup>

Roncovite-MF may even reverse the erythropoietic failure seen in refra tory anemia of chronic infection or inflammation.<sup>6,7</sup>

Formula: Each enteric coated, groon tablet contains: Cobalt chloride (Cobalt as Co...3.7)..... 15 mg. Ferrous Sulfate, exsiccated......... 100 mg. Maximum adult dose: One tablet after each meal and at bedtime.

Supplied: Bottles of 100 tablets.

Complete bibliography on rap

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### this surgeon takes

When it comes to colds and coughs,

surgeons are just like their patients
...they want relief of symptoms
and, if possible, to stay on the job.

Romilar Cold Formula controls the entire symptomatology of colds, including coughs. A synergistic combination,\* Romilar CF

> checks coryza suppresses coughing relieves congestion controls fever and malaise

Each teaspoonful (5 cc) of pleasantly
flavored syrup, or each capsule,
contains: 15 mg Romilar HBr
(non-narcotic antitussive);
1.25 mg Chlorpheniramine maleate
(antihistamine); 5 mg Phenylephrine HCl
(decongestant); 120 mg N-acetylp-aminophenol (analgesic-antipyretic).

\*L. O. Randall and J. Selitto, J. Am. Pharm. Assn. (Sc. Ed.), 47:313, 1958. Romilar\* Hydrobromide

brand of dextromethorphan hydrobromide



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# Fostex® treats their

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while they wash



#### ...and this is how it works

Fostex provides the essential actions necessary in treating acne. It washes off excess oil. It unblocks pores by penetrating and softening blackheads. It dries and peels the skin, removing papule coverings, thus permitting drainage of sebaceous glands.

Fostex contains Sebulytic<sup>®</sup>, <sup>®</sup> a combination of surface-active wetting agents with remarkable antiseborrheic, keratolytic and antibacterial actions... enhanced by sulfur 2%, salicylic acid 2%, hexachlorophene 1%.

\*sodium lauryl sulfoacetate, sodium alkyl aryl polyether sulfonate and sodium dioctyl sulfosuccinate.

Your patients will like Fostex because it is so simple to use. They simply wash acne skin 2 to 4 times a day with Fostex, instead of using soap.





. . . in 4.5 oz. jars. For therapeutic washing in the initial phase of oily acne treatment. ... in bar form. For therapeutic washing to keep the skin dry and free of blackheads during maintenance therapy. Also used in relatively less oily acne,

Write for samples.

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# News · News · New 1

#### State-by-State Fee Studies Get A.M.A. Backing

All forty-nine states may soon see signs of new interest in relative value scales. Three states—California, Kansas, and Iowa—have already produced such scales, which rate the relative worth of medical, surgical, and other procedures in points as an aid to fee setting. Now the idea has won strong new support from the A.M.A. House of Delegates.

Meeting in Minneapolis last month, the delegates shied away from the idea of a national relative value scale. Legal advisers had warned them that any kind of national fee study might put the A.M.A. in a bad light if someone wanted to accuse the organization of price-fixing and monopoly under the antitrust laws.

But the delegates warmly supported the preliminary work already done by the A.M.A. Committee on Medical Practices, now headed by Dr. Lester Bibler of Indianapolis, Ind. They directed him to go to the state medical associations and see about getting more such fee studies done. First campaign stop for Dr. Bibler will be on the West Coast early this spring. He's inviting state association officers from the West to meet with his committee.

"If we get twenty doctors around a table," says Dr. Bibler, "we can get their questions out in the open. The idea of a relative value scale takes explaining. But it's really the answer to a lot of problems."

Proponents of the idea argue that it makes doctors' fees consistent and explainable, while still allowing each doctor to vary his fees according to the kind of practice he has and the kind of community he works in.

This is possible because a value scale expresses relative values in points, not dollars. A simple procedure like draining a carbuncle may be listed as worth one point; a tonsillectomy, fifteen points; an appendectomy, thirty-five points. The individual doctor puts his own dollar value on one point, then—if he wishes—sets his fees by the scale.

The strongest supporters of this idea are doctors who have immersed themselves in the intricacies of health insurance. They be-

#### **CHRONIC PROSTATITIS**

#### ... COMMON

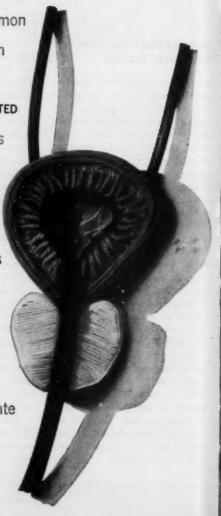
"probably the most common chronic infection in men over 50 years of age."

#### ... AND FREQUENTLY COMPLICATED

"The many complications are the real justification for care of the patient with prostatism.

The most outstanding is renal failure....Infection is always a possibility.

First, there may be infection in the bladder; then urine may regurgitate to the kidney to cause pyelonephritis which is difficult to treat."



# **FURADANTIN**

brand of nitrofurantoin

#### in prostatitis...

'Antibacterial medication, preferably FURADANTIN (Eaton) 100 mg. 4 times daily is indicated in the acute, subacute and severe chronic forms."

FURADANTIN, first in prostatitis for:

- rapid bactericidal action against a wide range of gram-negative and grampositive bacteria and organisms resistant to other agents... including Proteus, Staphylococcus and certain strains of Pseudomonas
- negligible development of bacterial resistance in 6 years of extensive use
- excellent tolerance—nontoxic to kidneys, liver and blood-forming organs; no cases of monilial superinfection, crystalluria or staphylococcic enteritis ever reported
- long-term safe administration

'From clinical observation we have found that more cases of chronic prostatitis respond to Furadantin than to any other anti-infection agent.''4

Average Furadantin dosage in prostatitis—Acute cases: 100 mg. q.i.d. until cured. Chronic cases: 100 mg. q.i.d. for 10 to 14 days; depending on response, dosage may then be reduced to 100 or 200 mg. daily for 1 to 3 months.

Supplied: Tablets, 50 and 100 mg., bottles of 25 and 100. Oral Suspension, 25 mg. per 5 cc. tsp., bottle of 60 cc.

References: 1, Alyae, E. P.: Infections and Inflammations of the Male Genital Tract, In Campbell, M.: Urology, Philadelphia, W. B. Saunders Co., 1954, vol. 1, p. 643. 2. Carroll, G., in panel discussion, J. Am. Gerist. Soc. 5635, 1967. 3. Barnes, R. W.: Prostatitis, in Conn. F.: Current Therapy 1957, Philadelphia, W. B. Saunders Co., 1957, p. 353. 4. Barnes, R. W., in discussion of Chinn, J., and Bischoff, A. J.: Tr. West. Sect. Am. Urol. Ass. 22:189, 1955.

NITROFURANS—a new class of antimicrobials—neither antibiotics nor sulfanamides

446

EATON LABORATORIES, NORWICH, NEW YORK

# **FURADANTIN**

### ws · News · News

lieve that fees paid by health plans are thoroughly unrealistic. In most cases, their schedules have been set up haphazardly.

"As a result," says Dr. Bibler, "patients may find they're 75 per cent insured against the cost of one procedure, and only 10 per cent insured against the cost of another procedure."

If more state-wide value scales come into being, Dr. Bibler believes, health plan payments can be brought much closer to physicians' customary charges.

#### Now: A New Way to Invest In a Small Business

If you've a sizable chunk of capital to invest-say, \$10,000 or morethere's a brand-new type of investment opening up that's worth looking into. It's called the Small Business Investment Company program.

What is a "small business investment company"? It's a privately organized corporation, set up to invest capital in several small businesses. As few as ten persons can form such an investment company by raising \$300,000 or more. And they don't necessarily have to put up all this capital themselves. They can get up to half their starting capital from the Small Business

Administration, Federal regulatory agency for such companies.

A "small business investment company" invests its members' money in small businesses in either of two ways:

1. By making the company a long-term loan; or

2. By buying the company's debentures, which the lenders may convert into common stock.

What return can such investors expect? The outright loans will probably pay from 7 to 8 per cent; the convertible debentures, from 6 to 7 per cent. These returns won't be paid direct to the investors, of course, but to the investment firm they've formed. The firm can then reinvest the money or pay all or part to its members as dividends.

In addition to substantial interest income, a "small business investment company" will have some other potential advantages. For example, any dividends it gets from stock it owns will be wholly exempt from the corporate income tax Then, too, an S.B.I.C .- unlike other investment companies-can let its dividends pile up without paying a stiff penalty tax. Also, any loss an S.B.I.C. investor takes will. be deductible from ordinary income-not a capital loss.

But these tax advantages aren't the biggest lure the new firms hold for investors. The chief incentive is the possibility you'll get stock in

a company that may boom-and at pre-boom prices.

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One warning, though, before you plunge into one of the new firms: They're risky. An S.B.I.C. will pay off only if it chooses wisely which small businesses to sink money into. And even then, investment experts believe, chances you'll make a mint are only about equal to chances you'll lose your shirt.

#### A.M.A. Backs Free-Choice **Expansion of Medicare**

A.M.A. policy-makers happy about the cutbacks in civilian care of military dependents

### News · News

that went into effect last October. That was when the Defense Department ruled that servicemen's dependents must use military medical facilities whenever available. instead of getting civilian care. The ruling came after Congress had cut some \$30,000,000 out of Medicare's \$100,000,000 budget.

Since these cutbacks, doctors in private practice have been protesting. In Oklahoma, they voted not to renew their Medicare contracts with the Government. In other states, doctors have stopped



MEDICAL ECONOMICS - JANUARY 5, 1959



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just short of canceling their contracts.

Meeting last month in Minneapolis, the A.M.A. delegates took note of the fact that "in general the state medical associations have agreed to go along and give the restricted [Medicare] program a fair trial." Then they commented:

"The House of Delegates regrets the restrictions of freedom of choice between military and civilian facilities, particularly the substitution of Federal facilities for private care, and urges resumption of services under the free choice of physician principle."

What's needed to translate these words into action? More money from Congress. Doctors will doubtless be asking for it soon.

# Lawyer Didn't Know Law, Loses Malpractice Suit

What recourse have you if you lose money through your lawyer's bad advice? You might try suing him for malpractice: He's just as liable for such suits as a doctor is.

This point was reaffirmed in court recently after one lawyer gave some bad advice on wills. He told a couple that a will wasn't

# open the airway with new 'FEDRAZIL' TABLETS



when colds or allergies congest the respiratory tract

- decongest the entire respiratory tract mucosa
- dilate the bronchi
- provide potent anti-allergic action

Dosage: Adults and Children over 8 years— 1 or 2 tablets, three times daily. Children 2-8 years—1 tablet daily, or as required

Each tablet contains: 'Sudafed'® brand Pseudoephedrin Hydrochloride, 30 mg.; 'Perazil'® brand Chlorcyclizin Hydrochloride, 25 mg. Bottles of 100, sugar-coated.

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36 MEDICAL ECONOMICS : JANUARY 5, 1959

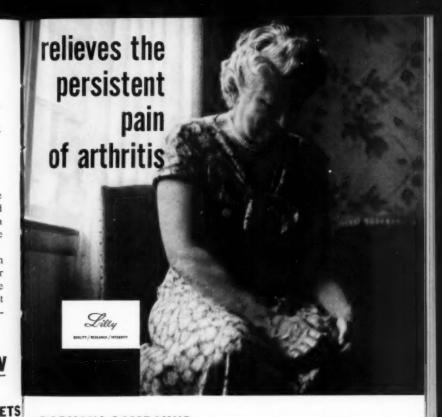
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# DARVON® COMPOUND, potent · safe · well tolerated

Usual dosage: 1 or 2 Pulvules® three or four times daily.

Each Pulvule Darvon Compound provides:

Darvon<sup>®</sup> . . . . . . . . . . . . . . . . . 32 mg. (approx. 1/2 gr.)

(dextro propoxyphene hydrochloride, Lilly)

Acetophenetidin . . . . . 162 mg. (2 1/2 grs.)

Caffeine . . . . . . . . . . . 32.4 mg. (1/2 gr.)

Also available: Darvon, in Pulvules of 32 and 65 mg.

Darvon® Compound (dextro propoxyphene and acetylsalicylic acid compound, Lilly)

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# Striking antibacterial effectiveness\*

Parenteral Performance in Every Pulvule ORAL ILOSONE 250 mg. (100 patients) INTRAMUSCULAR ERYTHROMYCIN<sup>1</sup> 100 mg. ORAL ERYTHROMYCIN (specially coated tablets) 1 250 mg.

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# ILOSONE<sup>™</sup> assures a decisive clinical response in almost every common bacterial infection

Potent—The antibacterial potency of blood concentrations which Ilosone assures is over three times greater than that obtained with erythromycin in coated tablets. Potent therapeutic levels are attained much faster (usually within thirty minutes) and are sustained several hours longer.

Certain—Ilosone acts with the speed, potency, and certainty of parenteral antibiotic performance but retains the safety and simplicity of oral administration.

Safe—Ilosone assures unsurpassed freedom from toxicity, allergic reactions, and side-effects and is well tolerated.

Convenient—Usual dosage is one 250-mg. Pulvule® every six hours, but doses of 500 mg. may be prescribed with safety when required. For optimum effect, administer on an empty stomach. (A 125-mg. Pulvule is supplied for pediatric use.) In bottles of 24.

\*Shown by how many times the serum can be diluted two hours after administration of the antibiotic and still inhibit identical pathogenic strains of bacteria. This is the *Tube Dilution Technique*, which is regarded by leading authorities as the most meaningful method of comparing different antibiotics. It shows not merely the level of antibiotic in the blood but its actual antibacterial effectiveness.

- 1. Griffith, R. S., et al.: Antibiotic Med. & Clin. Therapy, 5: (October), 1958.
- Note: Peak levels with the oral erythromycin tablets (thirty-three dilutions) were not observed until four hours after administration.
- 2. Data from Griffith, R. S.: Antibiotics Annual, p. 269, 1954-1955.

flosone (erythromycin ester, Lilly)—as the propionate

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really necessary in their state; that state laws automatically gave a widow her husband's whole estate if he died intestate.

The husband did die intestate, but his widow got only half his property. The other half went to his brother. The widow sued the lawyer for the difference, arguing that an attorney should know law.

The Supreme Court of Washington agreed with her. It ordered the lawyer to pay-for the same basic reason doctors often hear about in their own malpractice suits: When a lawyer agrees to serve you, he "undertakes that he possesses a reasonable amount of skill and knowledge as an attorney, and that he will exercise a reasonable amount of skill in . . . his employment."

# **Pathologists Offer Services** Free to State Agency

Pathologists sometimes complain that diagnoses they'd otherwise be paid to make are being made by state health departments. But Arizona pathologists are applying a reverse twist: They've offered to share the state agency's charity work.

"We're willing to serve as unpaid consultants whenever you need us." That, in essence, is what the Arizona Society of Pathologists recently told its State Department of Health. Explains Dr. Lorel A. Stapley, the society's presidentelect:

"We feel that by making known our willingness to serve as consultants in public health matters and to accept indigent patients on the same basis as other physicians, we can best maintain the high standards of the private practice of pathology and the proper functions of the State Department of Health."

# Union 'Like A.M.A.' Asks Pay Scale to \$45,000

"An A.M.A. affiliated with the A.F.L.-C.I.O."-that's how one labor union, the Air Line Pilots Association, sees itself. The union's reasoning: Pilots need "mutual interest associations" just as much as doctors do.

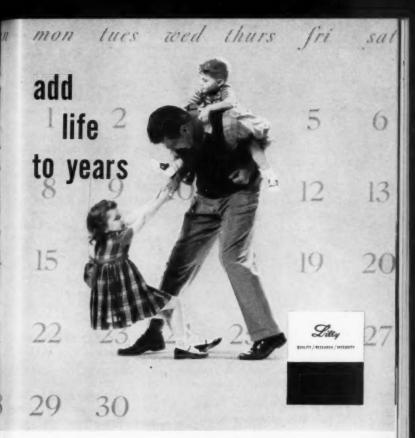
But the doctors' associations will be left far behind if the pilots' group wins a goal it's bargaining for: annual salaries for jet pilots that the airlines say may hit \$45,-000. That's almost enough to make some doctors think they've picked the wrong "union."

# TV Pitchmen Ask: Who'll **Wear White Coats Now?**

Your patients won't see any more actors impersonating physicians on television commercials. This practice was outlawed as of the first of the year. But several young doctors

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# MI-CEBRIN®... broad vitamin-mineral support to help maintain tissue integrity

"Mere duration of life is not enough," stresses Spies; "... we must devise methods which make old age wait." These, he says, are chiefly dependent on nutrition and the metabolic state. Although nutrition is a problem that involves all essential nutrients, vitamins and minerals play a vital role in the production and maintenance of healthy tissues.

Mi-Cebrin supplies 11 vitamins and 10 minerals in an attractive, easy-to-take tablet. Just one tablet a day will prevent practically all known vitamin-mineral deficiencies. Prescribe Mi-Cebrin as a part of your total effort to extend the *prime of life* of your adult patients.

Mi-Cebrin® (vitamin-mineral supplements, Lilly)

Spies, T. D.: The Influence of Nutritional Processes on Aging, South. M. J., 50:216, 1957.

LILLY VITAMINS . . . "THE PHYSICIAN'S LINE"

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already have been asked to take over "white coat" commercials. And now the New York County medical society reports a new TV pitch:

Ad men have prepared a TV script that has a doctor leap out of bed on a night call and speed off in his trusty Buick. To persuade an M.D. to play the leading role, they're dangling \$750 and the chance to buy a Buick at factory prices.

But doctor-actors may be tough for Madison Avenue to find. New York County medical society bylaws bar members from participating in a broadcast that gives "any implication . . . that the physician endorses the [sponsoring] commercial organization or its products."

### M.D. Gets Paid for Being Left Out of Phone Book

What's it worth to a doctor to be listed in the "classified" pages of the phone book? A Federal court has ruled it was worth \$500 a year in the case of one M.D. whose name was omitted by mistake.

Dr. W. Gilmer Reed, a Knoxville, Tenn., G.P., asked the Southern Bell Telephone Company to take his office number out of the directory's white pages. It did and accidentally took him out of the yellow pages too. Dr. Reed sued, charging that the slip-up had cost him both old and new patients.

A woman testified she'd wanted to phone Dr. Reed for an appointment; but when she couldn't find his number, she'd gone to another doctor whom she eventually paid \$200. Dr. Reed suggested this sort of thing had happened often enough to lose him \$10,000.

The final judgment for \$500 was based chiefly on the doctor's income figures. In 1956, when his name was in the book, he earned \$16,723 from practice. In 1957 his earnings dropped to \$16,356. The court awarded him the difference and a little more.

# Plan to Build? Architects Tell How They Can Help

If you're planning to build an office or home, you might start with some tips direct from the American Institute of Architects. A few highlights from their new booklet "Facts About the Architect and His Work":

1. Selecting an architect. Get photographs and descriptions of each candidate's work. If possible, visit their buildings. Find out whether building costs stayed near what the architects estimated. Then interview men until you find one "in whom you have complete confidence and with whom you work easily and pleasantly." More

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# °syrup HISTADYL™ E.C.... effective, pleasantly flavored antitussive

Histadyl E.C. is a logical combination to quell uncomplicated, non-productive, hacking cough:

Action Desired	Active Ingredient (per teaspoonful)					
antitussive	Codeine Phosphate 1/6 gr.					
antihistamine	Thenylpyramine Fumarate 1/5 gr.					
expectorant	Ammonium Chloride 1 2/3 grs.					
bronchodilator	Ephedrine Hydrochloride 1/12 gr.					

<sup>°</sup>Federal record of sale required.

Histadyl™ E.C. (thenylpyramine compound E.C., Lilly)

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2. What the architect does. Besides designing your building and supervising construction, the architect advises on financing arrangements; looks into legal angles; keeps "a close and realistic eye on the budget."

3. An architect's charges are "often less than the real estate broker's fee you pay when you buy a ready-made house." One piece of advice: Settle the fee question early. Then put what you've agreed on in writing.

# Rx Didn't Improve a Home -So It's Tax-Deductible

Can or can't a patient claim a tax deduction for special equipment he installs at home on his doctor's advice?

The Internal Revenue Service usually has said he can't if the installation is permanent, because then it's also a capital improvement. But now a Federal Court has upheld a patient who protested that such an installation didn't improve the value of the dwelling.

The Internal Revenue Service challenged a heart patient's \$4,500 medical deduction for a home elevator. Her doctor had prescribed it. In the U. S. District Court for Western Oklahoma, the patient's witnesses testified that the elevator

had *not* added to the value of the house.

The Court's decision: In that case, the installation qualified as a medical deduction.

# Physicians Teach Laymen 'Medical Appreciation'

Here's a way to help your community appreciate medical and hospital problems: Set up a Society of Amateur Physicians and Surgeons. That's the name given to a group of fifteen community leaders in Waterville, Me., who spend two hours a week at the Thayer Hospital studying medicine.

The chief instructor, Pathologist Irving I. Goodof, calls the course "the type of program given in a medical school but scaled down [for] laymen with no scientific background."

What's the laymen's purpose? They began the course to satisfy their curiosity about the art of medicine. And their reaction may come as a pleasant surprise. Says a hospital staff man: "The one general principle [all the students] feel they have learned is that illness, its diagnosis and treatment, is something that must be left to the physician."

But the students take on jobs a doctor couldn't. They're boosters of community-wide polio immunization, blood donations, and a blood-typing project. They urge SAI

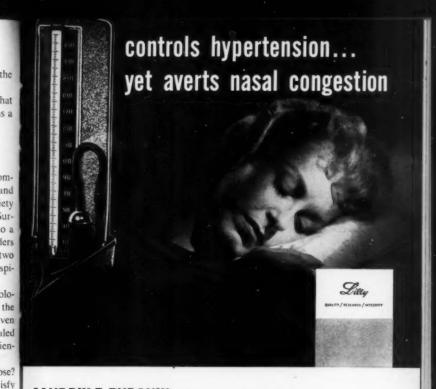
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4.4 MEDICAL ECONOMICS · JANUARY 5, 1959



# SANDRIL® C PYRONIL® adds antihistamine to reserpine therapy

Although the nasal stuffiness commonly caused by reserpine preparations is seldom serious, it may be bothersome enough to induce patients to cease therapy.

Clinical experience<sup>1,2</sup> has revealed that the antihistamine, Pyronil, provides relief for approximately 75 percent of patients who experience this side-effect. Therefore, Sandril ē Pyronil offers you better patient control by providing greater freedom from nasal congestion.

Each tablet combines:

Sandril . . . . . . . . 0.25 mg. Pyronil . . . . . . . 7.5 mg.

Usual Dosage: 1 tablet b.i.d.

Sandril® (reserpine, Lilly)

Also: Sandril, as tablets of 0.1, 0.25, and 1 mg., and elixir, 0.25 mg. per 5-cc. teaspoonful.

1. Geriatrics, 12:185, 1957.

2. J. Indiana M.A., 48:603, 1955.

Pyronil<sup>®</sup> (pyrrobutamine, Lilly)

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their neighbors to call the doctor in on an illness early. And one "amateur doctor" who visited relatives during his vacation persuaded five of them to get complete physical examinations.

# Why a Doctor Can't Get A Table Down Front

Getting bored by the usual potshots the lay press takes at doctors? Here's one from a new angle: "Doctors are the worst tippers in the world."

That's what waiters say about you, according to a recent article in Holiday. But before you open wide your purse strings, are you sure you want to join the world's best tippers? Right now, says Holiday, they're "bookmakers and gamblers."

# They'll Read World-Wide Medical Items for You

It's hard enough for most doctors to keep up with American medical journals. How's a man with a special medical interest to keep abreast of what's going on around the world? To help him, the Library of the College of Physicians of Philadelphia has organized a Medical Documentation Service. Here's what it offers:

¶ A check of more than 2,000

medical periodicals from all over the world for mention of any topic you name. Cost: about \$20 a month.

¶ An abstract of any reference that interests you. Cost: \$2 in English, \$3 in a foreign language.

The library is set up to do translations for doctors in twenty languages, from Chinese to Swedish.

# F.D.A. Measures Fall-Out In Your Daily Diet

How justified are the public's fears that nuclear tests have made everything too radioactive for comfort? Apparently they're not justified at all, at least in the case of what we eat. That's what the Federal Food and Drug Administration reported recently after two years of testing foods for radioactivity.

The F.D.A. collected a thousand samples from homes, food processors, and even from the caches of an Antarctic expedition made back in 1906. Here's what the tests turned up:

Vegetables and fruits—no significant increase in radioactivity since 1945, when nuclear explosions began.

Meat products, wheat, sugar, and jams—no increase here either.

Seafood—a slight increase in some shellfish, but shrimp, lobster, and crab are "clean."

Dairy products and tea-signifi-

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this fast sedation lasts

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# TUINAL® blends the benefits of two leading barbiturates

There are equal parts of quick-acting Seconal® Sodium and moderately long-acting Amytal® Sodium in each Pulvule® Tuinal. This provides your obstetric patient quick, sustained amnesia; your surgical patient relief from apprehension and fear.

Available in three convenient strengths—3/4, 1 1/2, and 3-grain Pulvules.

Tuinal® (amobarbital sodium and secobarbital sodium, Lilly)
Seconal® Sodium (secobarbital sodium, Lilly)
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# It's sound practice to use and recommend Lavoris



PRIMARILY,
Lavoris is used and
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its distinctive
cleansing and
stimulating action
on mucus
membrane. It is
recognized as a
valuable adjunct to
oral hygiene.

PLEASANT-TASTING Lavoris is a

Lavoris is a stable zinc chloride solution containing absolutely no sugar. Stimulating Astringent

AVORIS

Nouthwash and Gargle

LAYONIS changes sticky, mucoid deposits into a non-adherent form. These deposits of bacteria-harboring mucus and oral debris are then easily washed away.

TRADE SIZES: 4 oz., 9 oz., 20 oz. bottles at all drug stores. Samples on request.



THE PROFESSIONAL gallon of Lavoris is available to practicing dentists and physicians. Please order on your professional stationery, including \$2.50 for each gallon (delivery prepaid in the continental U.S.A.).

THE LAVORIS COMPANY DEPT. ME-19, MINNEAPOLIS 1, MINN.

# News · News

cant increases in radioactivity, but, F.D.A. Commissioner George P. Larrick maintains, nothing to worry about. Even if you take your tea strong, he says, only about 17 per cent of the leaf's radioactivity gets to the cup.

# Would This System Ease The Doctor Shortage?

Is there a way to produce more new doctors without building new medical schools? There is, one medical educator maintains: Let's salvage some of the medical students we're flunking. Dr. (Ph.D.) T. P. Nash Jr., of the University of Tennessee College of Medicine, points out that in medical schools across the country "between 8 and 10 per cent of entering medical students fail to graduate."

Which of these students should we salvage? Those who can learn medicine but who fail one or two freshman-year courses mostly because they're "unable to adjust themselves promptly" to a medical school's heavy work schedule.

These students are frequently dropped, Nash says, because there's no "ready [educational] machinery to repair their scholastic deficiencies." He believes many could "become valuable physicians." As proof, he tells of one school—his own—where students do have a second chance:

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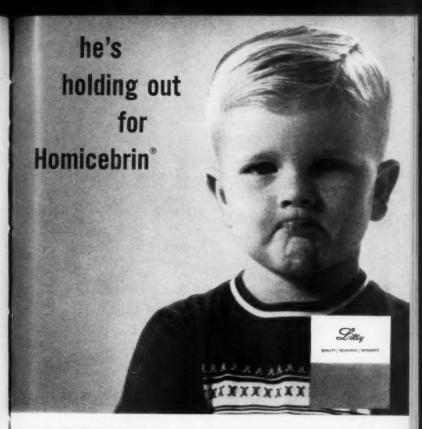
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# HOMICEBRIN...homogenized multiple vitamins, taste-tested for "tot-appeal"

"My vitamins" is the tag young Homicebrin users assign to their personal vitamin supplement. Even the most fastidious of them welcome pleasant-tasting Homicebrin into their daily routine.

This boon to harried parents is also reassuring to the physician. Homicebrin supplies eight essential vitamins, potency-protected by homogenization and careful buffering. To be certain your "tot-age" patients take and receive their full vitamin requirement, specify Homicebrin.

Homicebrin® (homogenized multiple vitamins, Lilly)

LILLY VITAMINS . . . "THE PHYSICIAN'S LINE"

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# 3 · News · News

"At Tennessee, students generally may be allowed to repeat as many as two of the twelve quarters in the medical course." And the system has paid off by reducing the scholastic failure rate to 5.3 per cent, well below the 8.67 per cent national average.

# Los Angeles' Climate Fine if You Survive, Doctor Says

A California doctor has publicly taken a dim view of Los Angeles' famous climate. And despite some strong objections from city health officials, he's apparently made his diagnosis stick. Here's the story:

A patient of Los Angeles G.P. Peter E. Veger died of arteriosclerotic heart failure. On the death certificate, Dr. Veger listed as a factor "Los Angeles smog."

Los Angeles health officials at first refused to buy this diagnosis. "We accept diagnoses according to the International Health Commission [list], and I doubt that smog is in that book," said Chief Deputy Health Officer Dr. Ralph Sachs.

But Dr. Veger wouldn't reconsider. He says he's observed smog to have a bad effect on the heart in many patients. Furthermore, "it is a matter of opinion, and this is my opinion."

City health officials muttered

that since smog is an "unnatural" cause of death they really ought to call in the coroner. But they finally accepted the certificate.

If they thought this would wrap things up, they didn't know Dr. Veger. Twenty-four hours later he filed a second death certificate. The patient had died during a coughing spell. Contributing cause: smog.

The city fathers reacted, but their exact words weren't available for publication.

# Clothes Make the Doctor -Sick, Sick, Sick!

Ever notice that there's a double standard of dress: one for patients, another for medical men? That's the discovery of Dr. Leon H. Dembo, a Cleveland pediatrician. Here's how he says the double standard operates:

Wear your hat at a rakish angle and you'll make Mrs. A suspicious. Result: "You can't take care of her dysmenorrhea. She doesn't trust you." But what about her hat? "An atrocious hunk . . . that obviously was designed by a schizoid milliner with a hang-over."

Make a house call in a shortsleeved sport shirt on a muggy summer day and you'll be pegged by Mrs. B as "a sloppy bum who is apt to bungle." But what's her get-up? "Toreador pants, a babushka, bobby socks, and soiled saddle shoes." More

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Even with a cold New long acting 1.2,3

Rynatan

Keeps heads crystal clear

10-12 hours with a single oral dose with remarkable lack of side effects1.2

### \*DURABOND

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A new principle in medicine that controls absorption rather than dissolution or release, independently of gastrointestinal motility or specific pH. Maintains constant rather than sporadic blood levels, hence no over-release or under-release. This gives smooth therapeutic results, rare incidence of side effects. Works even in liquid form for children (Rynatan Suspension).

\*Neister Exclusive, Patent Pending

### RYNATAN TABULES... For adults and older children

### RYNATAN SUSPENSION...

For children (as young as 6 months)

Rynalan contains:	Each	5 CL.
Phenylephrine tannate	.25.0 mg.	5.0 mg.
Prophenpyridamine tannate.	.37.5 mg.	12.5 mg.
Pyrilamine tannate	.37.5 mg.	12.5 mg.

Dose: q. 12 h.: Tabules 1-2. Suspension: Children under 6 yrs. 1/2-1 tsp.; over six 2-3 tsp.

### Entirely new long acting oral nasal decongestant

chemically and physically different-utilizing the DURABOND\* principle<sup>2,3</sup>

# Longest relief of any medication

comfort all day or all night with a single oral dose 1

### Remarkable lack of side effects

"... of 311 patients, incidence of side effects was only 2.2 per cent. Evidence of sedation was (only) 1.2 per cent. "4

# Stops excessive post-nasal drip

and resulting night cough, irritation, secondary infection

1. Lawler, E. G. and Limperis, N.M.: Clin. Med. (Dec.) 1968. 2. Medical Science, 3:376-377 (Mar 25) 1988. 3. Cavalillo, C. J. and Jawell, R.: J. Am. Pharm. A (Scient, Ed.) 47:165-166, 1988. 4. Antibiotic Med. 4. Clin. Therapy 5:578-581 (Sept.) 1958.

Samples and literature on request

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IRWIN, NEISLER & CO., DECATUR, ILLINOIS

Available in Canada through Lakeside Laboratories (Canada) Ltd., Toronto

# New revitalizing tonic brightens the second half **Ritonic**

Your aging patients are confronted with many physical and emotional problems of adjustment. Along with waning gonadal function and faulty nutrition, there is a sense of frustration, inadequacy and failure that makes life lose its savor.

RITONIC—the new revitalizing tonic—is designed to brighten the second half of life by meeting the many problems of middle-aged and senile let-down. RITONIC contains RITALIN—the safe central stimulant—to renew vitality and a sense of well-being. It contains a balanced estrogen-androgen combination to correct the hormonal deficiencies and exert beneficial anabolic effects. It contains the essential vitamin B factors and dicalcium phosphate to improve general nutritional status.

Clinical studies<sup>1,2</sup> with RITONIC report excellent results in about 80 per cent of cases. "We found Ritonic to be a safe, effective geriatric supplement that can be used in practically all types of geriatric conditions without harmful effect." "Patients reported an increase in alertness, vitality and sense of well being." "

C I B A

1. Natenshon, A. L.: J. Am. Geriatrics Sec. 6 534 (July) 1958. 2. Bachrach, S.: To be published.

52 MEDICAL ECONOMICS : JANUARY 5, 1959

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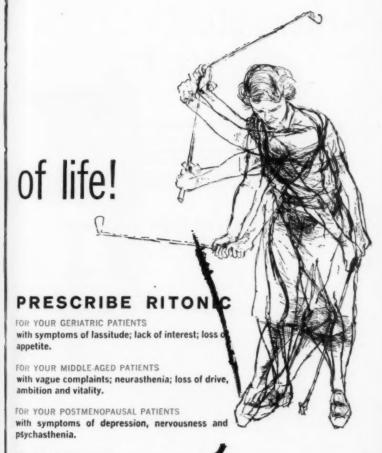
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 Each Ritonic Capsule contains:

 Ritain® hydrochloride
 5 mg.

 methyltestosterone
 1.25 mg.

 ethinyl estradiol
 5 micrograms

 thizamin (utamin B<sub>1</sub>)
 5 mg.

 nbollavin (vitamin B<sub>2</sub>)
 1 mg.

 pyridoxin (vitamin B<sub>2</sub>)
 2 mg.

 vitamin B<sub>12</sub> activity
 2 micrograms

 nbottnamide
 .25 mg.

DesAGE: One Ritonic Capsule in mid-morning and one in mid-afternoon. SUPPLIED: Ritonic CAPSULES; bottles of 100. RITALIN® hydrochloride (methylphenidate hydrochloride CIBA)

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MEDICAL ECONOMICS . JANUARY 5, 1959 53

for the stress component

# rheumatoid



# STRESSCAPS\*

Stress Formula Vitamins Lederle

Rheumatologists now look for nutritive failure among patients with arthritis. Vitamin deficiencies and increased need for vitamins in rheumatoid arthritis justify polyvalent vitamin supplementation. 2

STRESSCAPS restore water-soluble vitamin losses and insure a more desirable response to primary therapy.

### each capsule contains:

Thiamine Mononitrate (B <sub>1</sub> )10 mg.
Riboflavin (B2) 10 mg.
Niacinamide100 mg.
Ascorbic Acid (C)300 mg.
Pyridoxine HCI (B <sub>6</sub> ) 2 mg.
Vitamin B <sub>12</sub> 4 mcgm.
Folic Acid 1.5 mg.
Calcium Pantothenate 20 mg.
Vitamin K (Menadione)2 mg.
average dose: 1-2 capsules daily

 Spies, T. D.: J.A.M.A. 167:675 (June 7) 1988.
 Robinson, W. D.: Report to A.M.A. Council on Foods and Nutrition, J.A.M.A. 166:263 (Jan. 18)



LEDERLE LABORATORIES, a Division of AMERICAN CYANAMID COMPANY,
Pearl River, New York #Reg. U.S. Pat. Off.

MEDICAL ECONOMICS · JANUARY 5, 1959

What's wrong with toreador pants? Nothing, "as long as they are worn by a toreador, picador, or matador; but they do absolutely nothing for the female anatomy except to accentuate a hypertrophied fanny and [its] gluteal gyrations."

# 'Model' Home-Care Plan Ready for Launching

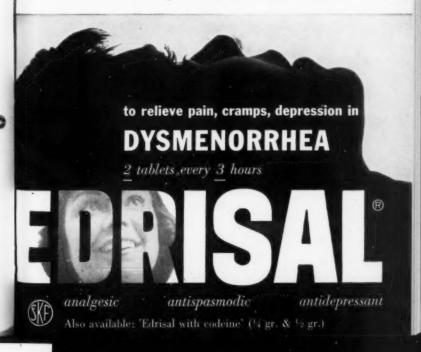
Doctors who think of home care as something for the indigent and the elderly may need to update their thinking. Organized labor is looking into home care as a substitute for hospitalization. Already one union is backing a pilot health plan

# News · News

that would pay for hospital services in the patient's home, plus visits by the doctor.

It looks now as if the new plan would have its tryout soon among 16,000 Western Electric workers and their families in Hudson County, N.J. Here's how it would work:

The patient would choose his own physician. Then the doctor would decide whether to send his patient to a hospital or have him stay home. Either way, there'd be the same insurance coverage. For patients who stayed home—or



# "Much betterha





the GOSAsaur is the family emblem of the COSA antibiotics. It symbolizes the natural origin of glucosamine, a substance older than man himself. Glucosamine is widely distributed throughout nature—in plants and seashells, in body tissues and mother's milk. Today, as in the dinosaur era, "Cosa" is basic to life.

# Proven in research

- 1. Highest tetracycline serum levels
- 2. Most consistently elevated serum levels
- 3. Safe, physiologic potentiation (with a natural human metabolite)

# And now in practice

- 4. More rapid clinical response
- 5. Unexcelled toleration

REFERENCES: 1. Carlozzi, M.: Antibiotic Med. & Clin. Therapy 5:146 (Feb.) 1958. 2. Welch, H.; Wright, W.W., and Staffa, A.W.: Antibiotic Med. & Clin. Therapy 5:52 (Jan.) 1958. 3. Marlow, A.A., and Bartlett, G.R.: Glucosamine and leukemia, Proc. Soc. Exp. Biol. & Med. 84:41, 1953. 4. Shalowitz, M.: Clin. Rev. 1:25 (April) 1958. 5. Nathan, L.A.: Arch. Pediat. 75:251 (June) 1958. 6. Cornbleet, T.; Chesrow, E., and Barsky, S.: Antibiotic Med. & Clin. Therapy 5:328 (May) 1958. 7. Stone, M.L.; Sedlis, A., Bamford, J., and Bradley, W.: Antibiotic Med. & Clin. Therapy 5:322 (May) 1958. 8. Harris, H.: Clin. Rev. 1:15 (July) 1958.

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# COSA-TETRACYN\*

CLUCOSAMINE POTENTIATED TETRACYCLINE

### CAPSULES

(black and white) 250 mg., 125 mg. (for pediatric or long-term therapy)

### ORAL SUSPENSION

(orange-flavored) 125 mg. per tsp. (5 cc.), 2 oz. bottle

### **NEW! PEDIATRIC DROPS**

(orange-flavored) 5 mg, per drop, calibrated dropper, 10 cc. bottle

# COSA-TETRASTATIN\*

glucosamine-potentiated tetracycline with nystatin

Antibacterial effectiveness plus added protection against monilial superinfection

CAPSULES (black and pink) 250 mg. Cosa-Tetracyn plus 250,000 u. nystatin

ORAL SUSPENSION 125 mg. per tsp. (5 cc.) Cosa-Tetracyn, plus 125,000 u. systatin, 2 oz. bottle

# COSA-TETRACYDIN\*

glucosamine-potentiated tetracyclineanalgesic-antihistamine compound

For relief of symptoms and malaise of the common cold and prevention of secondary complications

CAPSULES (black and orange) — each capsule contains: Cosa-Tetracyn 125 mg.; phenacetin 120 mg.; caffeine 30 mg.; salicylamide 150 mg.; buclizine HCl 15 mg.



Science for the world's well-being

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Even with a cold

New long acting 1,2,3.



Keeps heads crystal

10-12 hours with a single oral dose with remarkable lack of side effects<sup>1,2</sup>

# Entirely new long acting oral nasal decongestant

chemically and physically different—utilizing the DURABOND\* principle<sup>2,3</sup>

Longest relief of any medication comfort all day or all night with a single oral dose 1

# Remarkable lack of side effects

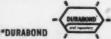
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Samples and literature on request



A new principle in medicine that controls absertion rather than dissolution or release, independently of gastrointestinal motility or specific pll. Maintains constant rather than sporadic blood levels, hence no over-release or under-release. This gives smooth therapeutic results, rare incidence of side effects. Works even in liquid form for children (Rynatan Suspension).

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# RYNATAN TABULES... For adults and older children

RYNATAN SUSPENSION... For children (as young as 6 months)

Rynatan contains:	Each tabule	S on.
Phenylephrine tannate	.25.0 mg.	5.0 mg.
Prophenpyridamine tannate.	.37.5 mg.	12.5 mg.
Pyrilamine tannate	.37.5 mg.	12.5 mg.
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Dese: q. 12 h.: Tabules 1-2, Suspension: Children under 6 yrs. 1/4-1 tsp.; over six 2-3 tsp.

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# News · News

could be discharged from the hospital ahead of schedule—the hospital would provide home-care services: nurses, X-ray and laboratory facilities, physiotherapy, medicine.

One big objection to home-care plans has been that the patient's insurance didn't pay for the doctor's calls. That omission was felt, for example, in Blue Cross' five-year experiment in New York City.\* The proposed plan allows \$5 a visit toward the doctor's fee, at home or in a hospital.

The New Jersey employes are eager to switch from their Blue plan to the new coverage. Though they've asked Western Electric to pay for it, some say they'll pick up the tab themselves if necessary.

Either way will please home-care enthusiasts who've been plugging the idea for about six years. One of them is Dr. John F. Hamill, an internist who set up a pilot home-care plan for the Jersey City Medical Center. His verdict may interest doctors who've heard less enthusiastic reports: "I found home treatment more satisfactory than hospitalization from a professional point of view."

Dr. Hamill's experiment has provided a dollars-and-cents comparison that may be significant for



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MEDICAL ECONOMICS - JANUARY 5, 1959 59

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<sup>\*</sup>For the story of this experiment, see "Home Care in Lieu of Hospital Care?"
MEDICAL ECONOMICS, April 14, 1958.

# How clinicians evaluate the safety and effectiveness of RITALIN® as a psychic stimulant

CONDITIONS TREATED	RESULTS	COMMENTS ON SAFETY
Depression accompanying chronic illness and convalescence from short-term illness; mild depression induced by life pressures; overtranquilization.	"The drug gave a plateau type of stimulation, smooth onset, with no euphoria The effect lasted about four hours, gave the patient a feeling of well-being"	"The side effects of Ritalin are minimal." "The work showed that the drug had no effect on blood pressure, the blood count, uring or blood sugar, did not depress the appetite, and produced no tachycardia."
Lethargy, fatigue and emotional depression sec- ondary to chronic illness in elderly patients; mild depression secondary to short-term illness. (Twenty- three "normal." healthy people also received the drug.)	"For the entire 112 patients 66 per cent showed marked improvements fobvious drug effect and mood improvement]"	"No serious side reactions were noted In no case was it necessary to stop the drug. No evidence of significant effect upon blood pressure or pulse has been found. This is particularly interesting, since these side effects have been common with other mood elevating drugs "2"
Drug-induced psychophys- iologic depression; physio- logic after-effects of certain anesthetics; barbiturate in- toxication; moribund states due to systemic infection. (All patients were epileptic, mentally retarded and/or brain damaged.)	"All except two [of 129] patients responded to the initial injection [of parenteral Ritalin] within 1½ to 15 minutes."	"In no instance was there any evidence of untoward effects." " the very poor basic physical condition of our patients in this study, those associated with profound chronic brain damage, accentuates the safety of parenteral Ritalin"

DOSAGE: Oral: Dosage will depend upon indication and individual response. Many patients respond to 10 mg. b.i.d. or t.i.d. Others will require 20-mg. doses. In a few cases, 5-mg. doses will be adequate. If inability to sleep is encountered, last dose should be given before 6 p.m. Parenteral: 10 to 30 mg., intravenously or intramuscularly. RITALIN® hydrochloride (methylphenidate hydrochloride CIBA)

References: 1. Natenshon, A. L.: Dis. Nerv. System 17:372 (Dec.) 1956. 2. Landman, M. E., Preisig, R., and Perlman, M.: J. M. Soc. New Jersey 55:55 (Feb.) 1958. 3. Certer, C. H., and Maley, M. C.: Dis. Nerv. System 18:146 (April) 1957.

CIBA SUMMIT, N. J.

60 MEDICAL ECONOMICS · JANUARY 5, 1959

many an overcrowded hospital. His estimate: A hospital in this area can provide home-care facilities for \$6.50 a day, compared with local in-hospital costs that average \$27.50 a day. This sounds so good to Hudson County hospitals that they've offered to provide homecare service to any group with insurance to cover it.

The bargain rates haven't been overlooked by insurance men either. When the Western Electric union asked for bids on its plan, twenty-five carriers came forward.

Insurance men call the New Jersev home-care scheme the O'Leary Plan, for the local union welfare

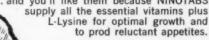
# News · News

man who developed it. Thomas J. O'Leary teamed up with Dr. Hamill to explore home care. He worked out an insurance plan that differs from most comprehensive health insurance in three major points: (1) home care, (2) hospitalization benefits based on the hospital's average per diem costs, not on the specific services used by a patient, and (3) coverage of retired employes, by padding premiums during their working years.

Organized labor may take the O'Leary Plan beyond the borders

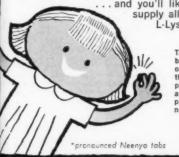
# LOVE at first bite!

Children love NIÑOTABS because of their delicious cherry flavor . . . Mothers like them because they're so easy to give .. and you'll like them because NINOTABS



Tablets are easy to swallow or, they can be chewed, allowed to melt in the mouth, or dissolved in liquids. Most important, the ten significant nutritional factors provided in NINOTABS are better absorbed and utilized because of the improved process by which they are made. There is no unpleasant aftertaste.





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Novahistine-DH
cough tablets
one dose quiets
cough and relieves
bronchial
congestion for
as long as 12 hours

hlorprophenpyridamine maleate	Phenylep	hrine hyd	Irochlor	ide		 	 	20	mg
	Chlorprop	henpyrid	lamine	malea	ite	 	 	4	mg
(Warning: May be habit-forming.)	Dihydroc						 	5	mg

'Novahistine' is a registered trademark of

require a third daily dose which can be safely given.



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Goldberg

of Hudson County. The New Jersey C.I.O. has adopted the plan in principle as a bargaining goal. So has O'Leary's own union, the Oil, Chemical, and Atomic Workers, with 175,000 members throughout the country. It's the International Brotherhood of Electrical Workers that has put the plan on the bargaining table at the Hudson County Western Electric plant.

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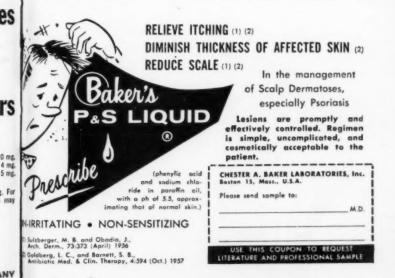
Could your area's hospitals get into home care without dickering with labor unions and insurance firms? The Hudson County hospitals have come up with an angle on that, too. Provided county officials will guarantee to help out if they

# News · News · N

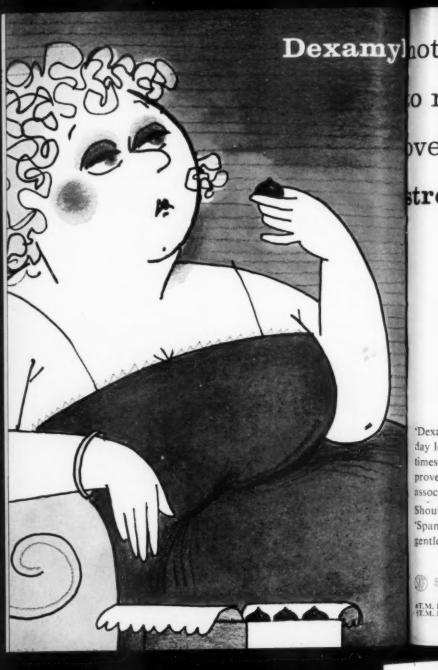
start going in the red, here's what the hospitals offer: home-care facilities to all comers at a flat rate of \$6.50 a day.

# Your Wife a Liability?

Does your wife belong to a hospital auxiliary or do volunteer work in a hospital? If so, she's a possible target for a damage suit if a patient she's serving happens to be injured. That's a warning from American Hospital Association attorneys. Their advice: Have her covered by personal liability insurance. END



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yhot only curbs the desire
o nibble, but also
overcomes the emotional
stresses of dieting

'Dexamyl' Spansule\* sustained release capsules control appetite all day long with a single oral dose—between meals as well as at meal-times. Equally important, 'Dexamyl' provides a positive mood improvement that overcomes the stresses, tensions and anxiety usually associated with dietary regimens.

Should your patient be particularly listless and lethargic, Dexedrine<sup>†</sup> 'Spansule' capsules will curb appetite all day long and also provide a gentle stimulation that encourages optimism and energy.



IT.M. Reg. U.S. Pat. Off. T.M. Reg. U.S. Pat. Off. for dextro-amphetamine sulfate, S.K.F.



# Back at work ... no angina in 2 months ... on Metamine Sustained b.i.d.

In angina pectoris, even after myocardial infarction, early return to useful activity has special therapeutic value.¹ METAMINE® SUSTAINED, b.i.d. (1 tablet on arising and 1 before supper) provides ideal protective medication for the active, employed anginal patient. There is little danger of skipped doses; patient "is more faithful" to this simplified regimen. And METAMINE SUSTAINED protects patients refractory to other nitrates.²

When you prescribe METAMINE SUSTAINED, q. 12 h., your patient requires less

nitroglycerin and remains fully responsive to that vital emergency medication. And METAMINE SUSTAINED (aminotrate phosphate, 10 mg., LEEMING) is virtually free of nitrate side effects (nausea, headache, hypotension).<sup>2</sup>

Supplied: bottles of 50 and 500 sustainedrelease tablets. Also: METAMINE, METAMINE WITH BUTABARBITAL, METAMINE WITH BUTA-BARBITAL SUSTAINED, METAMINE SUSTAINED WITH RESERPINE.

This. Learning & Go Inc. New York 17, New York

1. Slipyan, A.; J.A.M.A. 168; 147, Sept. 13, 1958. 2. Fuller, H.L. and Kassel, L.E.; Antibiotic Med. & Clin. Therapy, 3:322, 1956

a "winter of discontent" for congested noses by prescribing

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# METRETON NASAI

the combined action of METICORTELONE® and CHLOR-TRIMETON® re-establishes nasal patency within minutes...for hours in acute coryza/nasopharyngitis/rhinitis/acute upper respiratory congestion/catarrhal disorders...safe for cardiac, hypertensive, pregnant and elderly patients...no sympathomimetic side effects

and for resistant allergies that defy ordinary therapy

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METRETON® Nasal Spray, 15 cc. squeeze bottle METRETON Tablets, bottles of 30 and 100

Meti, 8 brand of corticosteroids.

Each co. of Mernerox Nasal Spray contains 2 mg,  $\{0.2\%\}$  preduisolone acetate and 3 mg,  $\{0.3\%\}$  chlorprophen pyridamine gluconate. Each Matterton Tablet contains

2.5 mg, prednisone, 2 mg, oblorprophenovrolamine maleate and 75 mg, ascorbic acid,

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A workhorse
"mycin"
for
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infections



# respiratory infections

prompt, high blood levels

consistently reliable and reproducible blood levels

minimal adverse reactions

With well-tolerated CYCLAMYCIN, you will find it possible to control many common infections rapidly and to do so with remarkable freedom from untoward reactions. CYCLAMYCIN is indicated in numerous bacterial invasions of the respiratory system lobar pneumonia, bronchopneumonia, tracheitis, bronchitis, and other acute infections. It has been proved effective against a wide range of organisms, such as pneumococci, H. influenzae, streptococci, and many strains of staphylococci, including some resistant to other "mycins." Supplied as Capsules, 125 and 250 mg., vials of 36; Oral Suspension, 125 mg. per 5-cc. teaspoonful, bottles of 2 fl. oz.



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Give your patient that extra lift with "Beminal" Forte

improve the general health of patients with chronic disease or when high B and C tevels are needed

new improved formula "BEMINAL" FORTE with Vitamin C

An increase in vitamin C content from 150 mg. to 250 mg. plus massive doses of B factors provide a truly high B and C formula to speed the process of tissue repair.

Supplied No. 817 — Bottles of 100 and 1,000 capsules.

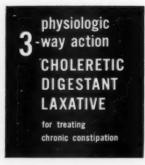
MEDICAL ECONOMICS . JANUARY 5, 1959 69

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over 36 females and over 13 males in every 1,000 are chronically constipated\*



CAROID AND BILE SALTS TABLETS act to restore the normal pattern of elimination. Bile salts help overcome the biliary stasis so common in the chronically constipated; Caroid, a potent enzyme, increases protein digestion as much as 15%; and mild laxatives improve peristaltic rhythm and tone—keep stools soft and well formed.

\*Modern Medicine Topics, vol. 19, no. 7 (July) 1958.

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70 MEDICAL ECONOMICS • JANUARY 5, 1959

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# **Medical Economics**

INDEPENDENT NATIONAL BUSINESS MAGAZINE FOR PHYSICIANS, JAN. 5, 1959

# How to Write Collection Letters That Get Results

First, jog the patient's memory. Next, express concern about him. Third, appeal to his pride. If he still doesn't act, this expert advises, it's time to tell him you will

By Forrest W. Tucker

Every month, hundreds of doctors write their patients boring, confusing, or otherwise irritating collection letters. Such letters stir up ill will. And they usually don't collect fees.

Maybe your letters are among the ones that patients seem to throw away. If so, take heart. Anybody can quickly master the principles of writing collection letters that collect. The following guides have worked for other doctors. I think they'll work for you if you apply them in your own office.

#### Follow up unpaid accounts on a regular schedule.

Some doctors send out bills once a month. Some have another plan. The kind of system you

THE AUTHOR heads his own collection bureaus in Wilmington and Lebanon, Ohio, and is director of the Physicians Business Bureau in Cincinnati. He also teaches collection techniques for the Medical-Dental-Hospital Bureaus of America nd the American Collectors Association. In 1956, the latter organization named him its collector of the year.

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use isn't so important as having one. But here's a program I can recommend from experience:

¶ At the end of the first month after treatment, send out a regular statement. Make sure it's itemized.

¶ At the end of the second month, send an identical itemized statement.

¶ At the end of the third month, have your aide attach a tactful reminder to your statement. It need be no more than a sentence or two. And it should be signed by your girl, not by you.

¶ At the end of the fourth month, enclose a brief letter with your statement asking if there's some special reason why payment hasn't been made. You yourself should sign this and subsequent letters.

At the end of the fifth month, if you still haven't heard from the patient, send a letter that pricks his pride. As before, enclose a statement with the letter. Or else



"It's not a patient. It's that nice man from the Internal Revenue Service who takes me out to lunch."

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## First Try This . . .

Dear Mr. Woodbridge:

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Perhaps you've overlooked earlier copies of this statement for services you received Aug. 1. Dr. Stockton would appreciate a check as soon as possible.

Sincerely,

## ... Or This

Dear Mr. Woodbridge:

This is to remind you that you haven't yet paid for the care Dr. Stockton gave you last Aug. 1. May we expect a check soon? Thank you very much.

Sincerely,

DOG THE PATIENT'S MEMORY if he doesn't pay your fee within three months after you treat him. The briefest kind of handwritten note on your bill or attached to it will do the trick. This first reminder should probably be signed by the aide; all the rest, by the doctor himself. (The above letters are simply suggestions. Similar ones will do as well.)

## Then Use This ...

Dear Mr. Woodbridge:

It's unlike you to let your account remain unpaid so long. I wonder ' whether some unusual circumstances have prevented you from paying.

If so, we'd both feel better if you told me the difficulty. We could then work out some way to handle it. Won't you drop into the office soon?

Sincerely,

## ... Or Perhaps This

Dear Mr. Woodbridge:

My secretary recently handed me your account. She's surprised to find that you've allowed four months to pass without payment. So am I.

Is some unforeseen, special obligation keeping you from paying? If so, won't you give me a call or drop into the office? We can then decide what to do.

Sincerely,

UPRESS CONCERN if four months pass without payment. But don't ask the patient to reply by mail. Ask him to phone or stop by. This type of letter, which you yourself should sign, is hard to throw away. If something is wrong, the patient may want to let you know so that something can be worked out. If he's not in trouble, he probably won't want you think he is. So he'll be likely to pay up quickly.

#### COLLECTION LETTERS THAT GET RESULTS

let the letter indicate, in the upper right corner, the amount that's owed.

¶ At the end of the sixth month, prepare to turn the ac-

count over to a collection agency.

A final brief letter of warning may be in order.

If a patient lets six months pass without responding, only special

# Try This as a Next-to-Last Call

Dear Mr. Woodbridge:

You've greatly surprised me by disregarding my previous inquiries about payment for services you received last Aug. 1. You've always seemed the kind of person who meets his obligations promptly. If you had a reason for not paying, I'm sure you'd have told me by now. That's why I'm asking you to settle this account at once.

Sincerely,

APPEAL TO THE PATIENT'S PRIDE if five months elapse without payment. But be careful not to insult him. A single pointed remark will be enough to prick without wounding. And don't lose dignity by pleading that you need the money as much as the patient does.

## When All Else Fails, Send This

Dear Mr. Woodbridge:

You have failed to reply to repeated inquiries about payment for services you received last Aug. I. Unless I receive a check from you within four days, I'll have to turn your account over to the Medical-Dental-Hospital Bureau for immediate collection.

Sincerely,

AWAKEN THE PATIENT'S FEARS if nothing else works. But leave him a way out. And it's best not to arouse specific anxiety by threatening suit. Fear often vanishes when a person knows exactly what he's up against. Legal action can always be taken later on without threat. But be sure no such action is taken without your explicit consent.

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circumstances should keep you from turning his account over to a collection agency. At this point, more pressure is called for than you yourself can properly apply. Besides, statistics show that the portion of an overdue fee that you're likely to collect shrinks with every month you wait.

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In fact, I usually advise doctors to turn over unpaid accounts after only five months. If you decide to do it that way, I suggest you add a sticker to the letter you send at the end of the fifth month—the sticker merely to say the account will be turned over to your collection bureau if payment isn't made promptly. If the patient still doesn't answer, then turn the account over quickly instead of waiting to send out a final warning letter.

#### Limit each collection letter to only one emotional appeal.

If you study the sample letters accompanying this article, you'll note that each letter either expresses concern about the patient, tries to stir up his sense of pride, or aims at his fear of more drastic action. In none of them will you find a combination of more than one such appeal.

If you mix several appeals in a

single letter—as one doctor I know used to do—you may find yourself mailing out a message that reads something like this:

"Now I'm rather upset and worried about you because you haven't paid. And you know how your boss would feel about it if he found out. When the chips are down, you need good credit. So I must ask you to pay me at once."

Why is such a letter likely to prove ineffective? Because if you approach the patient from a number of directions, he's apt to feel crowded and confused. Result: irritation—and nonpayment.

It's generally best to appeal to the patient's emotions in the order I've just indicated. The reason is clear. Once you've tried to awaken a patient's fears, you can hardly reverse your steps and express concern about him or appeal to his pride. It doesn't work to turn soft once you've been tough.

#### Aim each collection letter at 'You, the patient.'

This well-tested rule means that you'll write "you" more often than "I." The second-person approach [More on 241]

MEDICAL ECONOMICS - JANUARY 5, 1959 75

# YOUR 1959 TAX CALENDAR



JANUARY 15 PAY the balance of your estimated Federal income tay for 1958. ATTENTION: Will this fourth installment bring the total estimated tax paid to within 70 per cent of the actual tax due? If not, you may have to file an amended estimate in order to avoid penalty. (NOTE: This Jan. 15 installment may be omitted if you plan to file your final 1958 Federal income tax return by Jan. 31.\*)

JANUARY 31\* PAY the income taxes and Social Security taxes withheld from your employes' salaries during the last quarter of 1958, plus your own Social Security contributions as their employer. FILE (a) Form 941 listing the above amounts; (b) Forms W-2 (one for each employe); (c) Form W-3. (NOTE: If you had four or more employes during 1958, also pay the Federal unemployment tax and file Form 940.) ATTENTION: Did you file your Jan. 15 installment of estimated Federal income tax? If not, you must file your final return for 1958 and pay the balance due.

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Since this date falls on a Saturday, the required payment may be mailed the followin Monday.

APRIL 15 PAY your final Federal income tax for 1958, if you haven't done so already. FILE Form 1040. PAY one-fourth of your estimated Federal income tax for 1959. FILE Form 1040-ES. FILE your 1958 partnership information return, Form 1065, if you practice in partnership.

APRIL 30 PAY the income taxes and Social Security taxes withheld from your employes' salaries during the first quarter of 1959, plus your own Social Security contributions as their employer. FILE Form 941.

PAY the second quarterly installment of your estimated Federal income tax for 1959. ATTENTION: Make sure that the sum of your first and second installments equals or exceeds 50 per cent of your total estimated tax for 1959. If necessary, file an amended declaration.

JUNE 30 FILE a renewal application for your Federal narcotic tax stamp. Include an inventory of the narcotics you presently have on hand.

PAY the income taxes and Social Security taxes withheld from your employes' salaries during the second quarter of 1959, plus your own Social Security contributions as their employer. FILE Form 941.

SEPTEMBER 15 PAY the third quarterly installment of your estimated Federal income tax for 1959. ATTENTION: Make sure that the sum of your first, second, and third installments equals or exceeds 75 per cent of your total estimated tax for 1959. If necessary, file an amended declaration.

OCTOBER 31\* PAY the income taxes and Social Security taxes withheld from your employes' salaries during the third quarter of 1959, plus your own Social Security contributions as their employer. FILE Form 941.

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This young doctor found himself
and his contemporaries
blocked off from the operating
table by a clique of older
men. Nothing daunted, he came
out swinging and won

By Theodore R. Stukey, M.D.

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It ma mann obvio been The year was 1953. I'd completed my residency in one of Chicago's top hospitals. Later I'd obtained a board certificate in neurosurgery. I was ready to go.

Babe in the woods that I was, I expected smooth going from then on. When I joined the staff of another large general hospital, I never guessed I might face intrigue and cutthroat competition. I certainly didn't suspect that the hospital's older doctors would try to keep me and every other young specialist in a state of serfdom.

But I soon lost my innocence. Victimized by a system that made new staff men wait a decade or more before they could do anything but assist at operations or work in the outpatient clinic, I caught on fast. And I learned how to beat the system.

How did I do it? I worked hard. I enlisted support I'd rather not have had to enlist. I fought back with every weapon at my command.

The battle took time. It cost me some pride and a good deal of money. But the ordeal now seems to be over. Recently, things have been going well for me at the hospital. What's more important, I think there's also a brighter outlook for many of my contemporaries.

Perhaps you're wondering whether I'm a brash whippersnapper who brusquely tried to shoulder older and better men aside. I don't think so. In fighting my way to free-

This article is copyrighted © 1959 by Medical Economics, Inc., Oradell, N. J. It may not be reproduced, quoted, or paraphrased in whole or in part in any manner whatsoever without the written permission of the copyright owner. For obvious reasons, the author writes under a pen name. Certain other details have been disguised. But in all essentials this is a true account of a struggle that took place recently in a good-size industrial city.

dom, I tried never to lose sight of the legitimate rights and interests of the older staff doctors. What I couldn't sympathize with was their selfish determination to freeze out us younger men in spite of our demonstrated competence.

#### The 'Why' of the Story

Why am I recounting my experience? Because I believe it may persuade some established physicians to re-examine their ideas about young board men. Then too, of course, I hope it will be of some help to other young doctors who have to go through obstacle courses in order to get into operating rooms.

My story begins in a city I'll call Bigtown. The hospital from which I first sought privileges was one of the state's largest. I'll call it Metropolitan.

Metropolitan Hospital wasn't content to stand on its size. It had recently been modernized. Among other advantages, it could boast new neurosurgical facilities worth some \$25,000. They had been added so that operative cases wouldn't have to be sent to St. Louis, which was the nearest huge metropolis.

Those facilities were one of

the main reasons for my setting up practice in Bigtown. Metropolitan's medical staff wanted a good man who would specialize in neurosurgery. The trustees wanted the new facilities put to use. I thought the situation offered me a great opportunity.

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It did—if only I were permitted to take it. From the beginning, though, I had to start jumping hurdles. A couple of them were fairly easy. For instance:

#### The First Obstacle

Metropolitan's medical staff had a bylaw that required a doctor to have an office in town and to belong to the county medical society before he could obtain a staff appointment. Since the society had adjourned for the summer, I couldn't yet join it—nor, it followed, admit patients to the hospital. But I got up my nerve and asked the staff to waive the requirement. Happily, it agreed.

The other hurdle was this: After only a few days on the staff, I realized I was going to have to do all my operations under supervision for the next year or so.

There's nothing inherently wrong in such a regulation. A board certificate isn't absolute proof of a man's competence; he has to be judged by his performance at the operating table. But it took me only a few operations to realize that I knew quite a bit more about neurosurgery than did the man who was supervising me. Besides, he wasn't board-certified. Nor had he ever performed any of the operations for which he was my supervisor.

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I didn't like it. I didn't want to be judged by someone who might be prejudiced because I was board-certified and he wasn't. I wanted a jury of my peers. So I suggested to the older man that I might be imposing on his time, and I asked if a couple of other doctors—board men, of course—might supervise most of my operations. Fortunately, everyone agreed to the change.

So my first two problems were small and easily solved. The third was of a different sort. In



"Oh, hell!"

A

#### MY HOSPITAL'S CLOSED SHOP

the weeks that followed, I slowly discovered that many of the young doctors on the staff were engaged in a cold war with the older men. And in that war, the odds were definitely stacked against them—and against me too, of course.

It's one thing to want a new man to prove himself in the operating room. It's quite another to collect the mistakes young board men make and pass them derisively along to your colleagues as proof that young board men aren't competent. That's exactly what the older men at Metropolitan did—with relish. Meanwhile, naturally, they never censured each other. They talked as if only younger men made mistakes.

#### Why the Prejudice?

I'd been trained in a hospital where the experienced doctors wanted to help their juniors, not to criticize them. So I was puzzled by the situation at Metropolitan until I learned the main reason for the hostile atmosphere:

After boards had been instituted, all the older men had taken them. Most had failed. And it was these disgruntled physicians who kept stoking the fire under us young board men. Apparently, they got a kind of self-protection out of knocking board certification.

More than personal jealousy was involved, though. Many of the older staff members apparently feared economic competition from their young colleagues. To combat this threat, they would go to almost any lengths. For example, they'd charge consultant's fees to patients whose operations they supervised. They weren't supposed to levy such a charge unless they actually assisted at an operation. But they were much too well entrenched to worry about "minor" ethical violations.

Because patients soon learned that younger men cost more, they were naturally tempted to go to the older men in the first place. And because the older doctors knew a supervisor would have to be called in anyway, they often referred patients directly to him, bypassing the younger man altogether.

Thus, we young board men were hampered by our colleagues' feeling against our "paper credits" and by their fear of competition. [More on 226]



Wall Street is warning people that quick profits are unlikely in our forty-ninth state today. But if you want to take a flier, here's how you might make out all right

By William N. Jeffers

Has a fast-talking stranger phoned you recently to ask you to invest in this or that Alaskan stock? If not yet, one may soon. Authorities who cope with such goingson report the Alaskan front hasn't really warmed up yet; but, they add, just wait.

"I know it'll happen," Attorney General Louis Lefkowitz of New York State predicts. "All of a sudden the public thinks Alaska's the land of golden dreams. So the swindlers are licking their chops. New corporations with 'Alaska' and the names of minerals in their titles will be springing up like toadstools."

What's the cue for you as an investor? Should you simply avoid talking Alaska with overenthusiastic strangers? Or would you be wise to resolve that you'll buy Alaskan securities from nobody in 1959?

Wall Street investment counselors would answer yes to the first question. They'd say, "That depends," in reply to the second. Almost unanimously, they advise a go-slow, watch-and-wait policy on North Country investments—unless you're ready to gamble.

Why such caution? Isn't statehood expected to attract new industries to Alaska? Yes. But as Robert C. Hall, a partner in Bache & Co., says:

"It may be years before Alaska starts to offer sound investment possibilities. Naturally, things will develop with statehood. A territory can't enact laws to stimulate its own economy the way a state can. But a lot depends on what legal code the Alaska Legislature writes. Unless the laws are highly attractive to industry, most firms not already there will be pretty slow about moving in."

#### It's Hard to Get

What about Alaska's fabulous natural wealth, which has been making headlines on the financial pages lately? The wealth is there, all right. Trouble is, outside of six towns, Alaska is largely wilderness, a mere 5 per cent of it surveyed. Much of the place is awesome to look at but frequently awful to be in, with a rough climate and 117 square miles of mountainous country for every mile of highway. So it won't be easy to get at those hidden riches.

What about gold, though? Isn't it worth-while to dig *that* out?

It's worth-while to *dredge* it out. The U.S. Smelting & Mining Co. operates six big dredges around Anchorage and manages to do a \$12,000,000 annual business.

#### No Money in Gold

But neither this outfit nor any other you could invest in is out in the wilds right now prospecting for gold. At the current price, the chance is too remote that large-scale exploration and extraction would pay off. Even an established outfit, Alaska Juneau Gold Mining, closed down its Alaskan mine back in 1944 and hasn't produced an ounce of gold since.

Right here's an illustration of how the magic name "Alaska" can play tricks on the uninformed in

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ed investor. As you'd expect, passage of the Alaska statehood law caused a flurry on the market. And the stock of Alaska Juneau Gold Mining jumped from 21/8 to 5 before it slumped back to about 31/2. Why the sudden rise and fall?

Well, it seems some speculators didn't realize at first that

# If They Strike It Rich, Their Stockholders Will Too

The following low-price Alaskan oil stocks are all sold over the counter. The companies have shown no profits and paid no dividends. But if they should make big strikes on their possibly oil-rich holdings, their stocks might well skyrocket overnight.

Alaska Oil & Minerals. The company owns geologically promising land in several Alaskan areas, some of them only a few miles from already existent fields. So far, the company has found no oil and made no money. While the stock's 1958 price rise from 3½ has partially discounted the future, there still seems great potential. Recent price: 6.

Anchorage Gas & Oil. The company owns 61,000 acres of promising Alaskan land, all in the same area. It recently sold 25,000 adjoining acres at \$3.50 an acre plus 8½ per cent royalty to Ohio Oil and Union Oil of California. Mainly because of its one-location holdings, this stock is viewed as especially speculative. Recent price: 1½.

Erie Natural Gas. The company owns land in seven of the eight Alaskan oil areas. Up to now, the management hasn't drilled a hole, apparently waiting to see what happens when other companies drill on adjacent areas. Recent price: 3½.

Texota Oil. The company owns 525,000 acres of potential gas and oil land in the U.S. and Canada, 200,000 of them in Alaska. It has made one strike so far—a pretty good one in Montana. In Alaska, though, it also is waiting for its neighbors to drill first. Recent price: 15%.

Alaska Juneau Gold Mining has only one unglamorous connection with Alaska nowadays: It sells electricity to the capital "city" of Juneau (pop. 7,100). Some 96 per cent of the company's revenue comes from automotive and construction products made not in Alaska but in Springfield, Mo.!

Isn't there a big potential in all the strategic minerals that Alaska gleams and bulges with? Not yet. They too must await higher prices to make the search for them a more attractive risk.

# There's one titanic possibility for the investor, however: oil.

Geologists say vast pools of oil may lie beneath the forbidding Alaskan landscape. Four big fields are already known. The Navy found three of these—each estimated at between 30,000,000 and 100,000,000 barrels—in the Arctic between 1944 and 1953. The fourth, said to hold 200,000,000 barrels, was located last year by the Richfield Oil Corporation.

Some twenty other companies are now exploring for oil in Alaska or have acquired unexplored land. In the past three years, they've spent an estimated \$30,-

000,000 on a search that requires transporting equipment into the wilds, building camps, and battling fog, cloudbursts, mammoth insects, and 100-m.p.h. winds. And some of the companies are prepared to spend many millions more. As the New York Times has remarked, "their hopes are as high as their stakes."

Still, the hoped-for profits in Alaskan oil seem distinctly longrange reckonings. The outlay of effort and money that's needed first will be high even by oilindustry standards.

Recently, the president of Humble Oil, a concern heavily committed to Alaskan exploration, compared the industry's oil hunt in Alaska with its very expensive activities off the coast of Louisiana. In the off-Louisiana operations, the industry has sunk over \$1,000,000,000 since 1947. (Humble itself has spent an average of \$585,000 per well—four times what it takes to bring in one on land.)

There's been a high percentage of successful drillings. Yet the total off-shore production is only about 100,000 barrels a day, an amount the U.S. economy gulps every fifteen minutes. And Alas-

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Nevertheless, Wall Streeters believe you might make large profits in Alaskan oil—if you're willing to gamble on the stock of one of the smaller companies.

If a big oil find were made in Alaska by a huge, established company like Phillips Petroleum or Standard Oil of California, the immediate effect on its stock would be only moderate. Reason: Such concerns already have tremendous oil reserves.

Similarly, the stock of a lucky medium-size outfit would doubtless rise, but not fantastically. (Richfield's rise from 53 to over 105 since its Alaskan find is only partly due to that development.)

On the other hand, the stock of a very small company would really soar if the company struck it rich in Alaska. There are several small concerns whose current assets consist almost entirely of land, drills, and optimism. Naturally, their shares now sell for very little. And it's here that the speculator might indeed make a lot of quick money. If, of course, he's lucky.

Four such low-price issues are listed in the accompanying box.

The Oil Statistics Company, an investment research service, has termed them highly speculative opportunities. They're all sold over the counter. Up to now, they've paid no dividends.

Clearly, the stocks are gambles. The companies may never bring in a drop of Alaskan oil. Yet such long shots seem the physician-investor's only road even in theory—to early profits from our newest state.

Alaska probably offers other speculative opportunities besides these four. Your broker could perhaps tell you about some. If you're wise, you'll listen only to your broker, though. A stranger on the telephone may offer more dazzling vistas. But who wants to bet on an Arctic mirage? END



Spending too much?

Saving too little?

Here's a practical way to...

# RETAIN MORE OF YOUR EARNINGS

By J. Paul Revenaugh

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Have you ever stopped to figure out your total lifetime earnings? If you haven't, you'll be shocked to see how large the figure is—and how little of it may be left by the time you're ready to retire.

Suppose you're now near the midpoint of your life. Suppose you're now grossing \$40,000 annually. Spread out over thirty active years, those earnings might mount up to a whopping lifetime total of \$1,200,000.

"More than a million dollars!"
I can just hear you whistle.
Then: "Where on earth does all that money go?"

Well, about \$450,000 goes for practice-connected expenses. Uncle Sam claims another \$150,000 at least in income taxes. That whittles down your takehome pay to about half your actual earnings.

When you take it home, of course, the whittling-down continues. Life insurance premiums carve out \$50,000 or \$60,000 during your active years. Family living expenses slice away \$360,-000 or more.

Already the listed expense items total more than a million

dollars—and I haven't yet said anything about savings, investments, contributions, or the education of your children!

If more doctors took this longrange view of their earnings and expenses, fewer medical families would think they were well off when they weren't. Fewer families would equate high earnings with financial security. More families would concentrate on the retention of earnings—the steady accumulation of savings—as the key to a comfortable later life.

Lacking this long-range view, it's easy to delude yourself. It's easy to think that a good income entitles you to a good life *now* rather than later. Look what this delusion has done to three young doctors' families I know:

Dr. A and his wife lived frugally during his first three years in practice. They lived in a rented apartment, took no vacations, concentrated on paying off their practice-connected debts.

Then, all of a sudden, the debts were paid off and there was money to burn. Dr. A and his wife began putting it into the possessions they'd built up a

THE AUTHOR has been a medical management consultant for a quarter of a century. He bads Professional Business Management, Inc., Chicago.

craving for: a Cadillac, a \$50,-000 home, a hunting lodge for vacations. Soon they were assetrich and cash-poor.

The inevitable happened. Last June 15, Dr. A got a bill for \$2,-100—his second quarterly Federal income tax installment—and found he didn't have that much in the bank. He borrowed it on a ninety-day note at 6 per cent interest.

The note came due in September—the same month another \$2,100 tax bill arrived, along with a \$1,950 premium notice on his life insurance. That's when Dr. A called on me for help...

Dr. B, by contrast, wasn't overloaded with assets. In fact, he called me in because he needed a second car for his family and didn't see how he could swing it—in spite of take-home earnings of \$26,000 a year.

It turned out that he was one of those doctors who "live by the bank balance." If he took home \$3,000 one month, he and his wife would be living high, and the three kids would all have new clothes. If he took home only \$1,000, they'd scrimp along somehow.

Savings? None except the cash value of his life insurance. His bank balance at the end of three recent consecutive months stood at \$6.34, \$93.01, and \$15.96...

Dr. C differed from both Drs. A and B in that he kept a tight rein on cash spending. His trouble was credit—more specifically, his wife's charge accounts.

The family had been getting along all right until a couple of years ago. Then Dr. C decided he ought to start setting aside 20 per cent of his take-home pay in a retirement fund. He worked

A GOOD PLACE TO BEGIN in planning your 1959 family outlays is last year's actual figures. Here they're shown for Dr. Sykes, a young surgeon who was worried because his family was spending practically all he earned. The only way he could save last year was through life insurance and the bond-a-month plan. This year things will be different. He expects to put \$1,500 into stocks, \$1,500 into reserve accounts, and still provide his wife with about the same as last year for self and home. Next July, when actual figures for the first half of 1959 are available, the Sykes will double them, enter them in the right-hand column, and see exactly how their spending plan is working out.



# FAMILY SPENDING PLAN FOR DR. SYKES

	Actual Figures For 1958	Projected Figures For 1959	Prorated Figures For 1959
Gross income from practice	\$36,720	\$40,000	
Practice-connected expenses	14,600	16,000	
Net income from practice	22,120	24,000	
Net income from other sources	1,200	1,800	
TOTAL NET INCOME	23,320	25,800	
Income taxes	4,605	5,000	
Life insurance premiums	2,164	2,220	
Mortgage or rent payments	2,400	2,400	
Depreciation reserve	_	750	
Automobile reserve	-	750	
Investments and savings	900	1,500	
Contributions	750	800	
Medical expenses	450	400	
TOTAL COMMITMENTS	11,269	13,800	
BALANCE REMAINING FOR SELF AND HOME	12,051	12,000	
MONTHLY ALLOWANCE FOR SELF AND HOME	1,004	1,000	

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out a new family budget for Mrs. C, and she dutifully tried to follow it.

She switched the family from butter to oleo, cut back on maid service, tightened up on all household spending, and still couldn't stay within Dr. C's budget. So she began handling major purchases "outside the budget"—that is, on credit. By the time I was called in, it was hard to tell whether they needed a management consultant or a marriage counselor.

Actually, a marriage counselor might easily despair of Drs. A, B, and C. "Doctors are smart, educated men," one might say. "Why can't they work out family budgets the way everyone else does?"

Well, every management man knows why they can't—and you know too. Your income is irregular, almost unpredictable from month to month. You're hit by large lump-sum expenses six or eight times a year. You're not like wage-earners for whom budgeting is made easy by regular salaries and painless payroll deductions. No wonder some doctors are "going broke on \$45,000 a year," as a recent MEDICAL ECONOMICS article put it.

What, then, is a sensible spending plan for a medical family? Is there any really practical way to conserve more of that million dollars as it passes through your hands?

Yes, there is a way. It's working right now for Drs. A, B, and C. It has worked for several hundred other doctors who have been clients of my management firm.

There's no [More on 210]

YOU CAN USE THIS CHART for planning your own family's outlays during 1959. In the first column, enter actual figures for 1958 as soon as they're available. In the second column, adjust the figures according to your best estimates and personal desires for 1959. If you want to start saving for a new office, a larger house, or another car, enter the appropriate figures after "Depreciation reserve" or "Automobile reserve." Use the blank lines for listing any special commitments that bulk large. Handle all major commitments yourself; let your wife manage that "Monthly allowance for self and home." She'll manage it best if it's no lower than last year, and your whole family will make out best if it's no higher.



# FAMILY SPENDING PLAN FOR DR.

	Actual Figures For 1958	Projected Figures For 1959	Prorated Figures For 1959
Gross income from practice			
Practice-connected expenses			
Net income from practice			
Net income from other sources			
TOTAL NET INCOME			
Income taxes			
Life insurance premiums			
Mortgage or rent payments			
Depreciation reserve			
Automobile reserve			
Investments and savings			
TOTAL COMMITMENTS			
BALANCE REMAINING FOR SELF AND HOME		-	
MONTHLY ALLOWANCE FOR SELF AND HOME			

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# You're Not Running a Private Concession!

Medicine used to be a wholly private enterprise. Now it's changing into a public utility, says this new medical leader, and doctors need to change their ideas along with it—especially their ideas on 'third parties,' 'free choice,' and 'socialized medicine.' Here's a thought-provoking interview with Dr. Norton S. Brown, new president of the largest county medical society

By Lois R. Chevalier

Q. Dr. Brown, I understand that your inaugural speech caused quite a stir among members of the New York County medical society. I suspect your ideas will start some new thinking nationally, coming as they do from the president of an association that's larger than forty-two of our state medical societies. What do you hope to accomplish during your term of office?

A. Well, for one thing, I hope to get a few more doctors to stop thinking in clichés. The medical profession is rapidly losing the initiative in health matters because we're not using diagnostic objectivity in economic and social problems. We're bemused by slogans and pat phrases that no longer have much to do with reality. If we don't soon begin to think straight, we may really end up as hirelings.

Q. Can you tell me what you nean?

A. Take the question of third parties. We're on constant guard against "third party" encroachmakes very we to safe relation some e might l cal car chandis

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DR. NORTON S. BROWN pleads for more reason and less emotion.

ments; and on the surface that makes sense. The profession very wisely took a stand long ago to safeguard the doctor-patient relationship from exploitation by some enterprising manager who might hire doctors and sell medical care as you might sell merchandise.

But the term "third party" doesn't have that connotation when it's applied to nonprofit health insurance. The third party simply assumes responsibility for payment. That's not a com-

mercialization or exploitation of the doctor.

So the health insurer is a new kind of third party. It isn't the same thing as the old kind that the profession rightly aligned itself against. We should redefine our words in terms of changing realities. The same thing holds true of the expression "free choice." We need a clarification. It used to indicate completely rugged individualism: Any patient can go to any doctor; any doctor can choose not to care for

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"The privilege of setting fees is more an economic than a medical freedom."

"Most medico-economic advances so far have been forced on doctors..."



a patient, except in an emergency.

That kind of rugged individualism is no longer possible in a country where 120,000,000 people have some kind of health in surance. Some regulations and restrictions are necessary to make complex organizations administrable. Complete rugged in dividualism is no longer work able. Yet many doctors refuse to revise their interpretation of the phrase.

Q. What do you think is be hind their refusal?

A. I think doctors have a ways been most concerned with sick people, with individuals They've given too little thought to the rapid social changes goin on in the world around them Many medical organization have been officered by tradition minded people who are deducated to maintaining the state quo.

Q. Do you believe that suc officers represent the rank an file of medicine?

A. I think they used to. But not any more. The rank and fill are beginning to wake up. And the resistance that's so typical of many medical societies is being loosened on all sides. Even the

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A.M.A. is engaged in some forward-looking medico-economic and sociological thinking.

Q. You're implying that the rank and file may be ahead of medicine's leadership, at least in spots.

A. I think that's probably true in some areas.

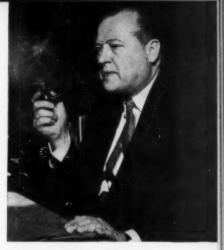
Q. How do you think that your suggested re-examination of clichés will come about?

A. It's a matter of education. More physicians in positions of influence have to think these matters through and express themselves.

Q. But won't some of their colleagues feel that such doctors are selling out to labor or giving in to the welfare-minded, flatheeled do-gooders?

A. Let me answer that objection in a sort of roundabout way. A well-known writer has observed that the vast majority of people are trainable, but that very few are educable. That's equally true of medical men, seems to me. The fantastic development of medical technology has absorbed the medical student's time. So our schools have turned out a crop of graduates who are trained rather than educated.

But there are experiments go-



"We could learn much if we'd look at the British pattern dispassionately."

"Medicine should be a private enterprise, operated in the public interest."



ing on now to give the student some basic physician-like background and to modify his merely technical training. More and more, we're trying to educate the kind of physicians who'll be capable of looking at social and economic problems in medicine with some diagnostic objectivity. Such men will re-examine the clichés.

Q. Do you think public pressure will hold off until the medical schools have produced that new batch of original thinkers?

A. It hasn't held off. It seems to me unfortunate that most medico-economic advances so far have been forced on doctors by outside agencies.

Q. But many physicians I know are greatly disturbed by what you call the "advances." They feel that hospital people, labor people, and prepayment people are all their natural enemies.

A. I know that. Certainly, there are many entrenched convictions and ideas among this country's physicians. It comes around almost to an emotional bias. Trying to change it is like trying to change somebody's religion.

Nevertheless, there is prog-

ress. A speaker can now stand up before a county medical society and talk about these things. He can even question the propriety of excluding doctors from membership in organized medicine because they've joined an economic organization that's experimenting in this field—a group practice prepayment plan, say, or a labor health plan.

Q. Dr. Brown, you've commented on a couple of clichés: "free choice" and "third party." But you haven't dealt yet with the really classic shibboleth: "so-cialized medicine."

A. Right you are. And that's a phrase that really needs to be redefined. I believe it should be used only to describe a situation in which all voters would get free medical care and all doctors would work for the Government, with little choice about where they could practice and with lay administrators dictating all their activities.

That's what I'd say socialized medicine really is. But many tradition-minded doctors use the phrase where some of us would prefer to say "societal medicine."

Q. What do you mean by that?

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RELIEVES TENSION-MENTAL AND MUSCULAR

A. We're in the midst of a mammoth and complicated social change. Medicine used to be a private concession operated by doctors for doctors. It's now becoming a public utility operated by doctors in cooperation with other segments of society. In other words, modern medicine is being interrelated with all the other social services: the educational system, sanitary and public health activities, welfare and Social Security.

Q. And that's "societal medicine"?

A. Yes, I'd say so.

Q. That phrase "public utility" is an interesting one. Can you explain what you mean by it?

A. By definition, a public utility is a private enterprise so vital to the public interest that it has to have some supervision. Railroads are private corporations, but they can no longer indulge in the sort of fights and feuds for which the Vanderbilts and the Goulds were famous. Insurance companies operate under the supervision of the state. Our banks, electric companies, the aircraft industry, TV, and radio—all these are under some sort of regulation. Like them,

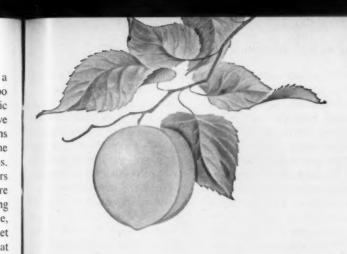
medicine is, and should be, a private enterprise; but it too must be operated in the public interest. To whatever extent we can impose our own regulations on ourselves, we can escape the need for government regulations.

Q. Well, I think most doctors will get your point. But they're also concerned about preserving their independence. For instance, the doctor wants the right to set his own fees. He considers that privilege an essential of medical freedom. Do you agree?

A. Actually, I'd say that the privilege of setting fees is more an *economic* than a *medical* freedom. Every doctor who's a participating physician in his Blue Shield plan has agreed to accept fees set for patients at certain income levels. As an individual, he thus accepts the self-imposed restraints of his profession.

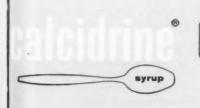
Q. There are doctors who say that even such restraints will reduce medicine to a dead-level mediocrity like that of the British national health scheme.

A. First of all, I don't think we need ever come to a system as regimented as the one in Britain. But let me say this: We could learn much if we'd stand back a few feet and look at the



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#### 'YOU'RE NOT RUNNING A PRIVATE CONCESSION!'

British pattern dispassionately. Up to now medicine—at least officially—has screamed "socialized medicine" and seldom explored how the British arrived at their system.

Britain is an older nation than we. It's been overpopulated and heavily industrialized far longer than we have. They had to work out a way to give medical care to a great mass of people who'd never had adequate attention.

Our situation is less extreme. If we're clear-headed we should be able to work out something much better than the British system.

O. What, for instance? How

do you think our future pattern of medical care will evolve?

A. My crystal ball isn't that far-focused. But I'm sure that we American doctors have nothing to gain—and probably much to lose—by continuing to delegate the experimentation to agencies outside our own profession.

We must remember that invention and discovery favor the prepared mind. We have to begin with some serious evaluation of ourselves and our place in a rapidly changing society. We need to develop a working philosophy based on reason, not on inaccurate clichés loaded with emotion.

### ll squared away

When I was a third-year medical student, a classmate was fourth assistant at an operation to repair a coarctation of the aorta.

Perspiration beaded the surgeon's face and silence and tension filled the room as the ends of the artery were sutured together.

Suddenly a cry of "Stop! Stop!" exploded from my classmate. Faces turned ashen and eyes desperately looked for gushing blood.

Then from the speaker came the quiet explanation for his outburst: "That last tie wasn't a square knot."

-A. D. HOFMANN, M.D.

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By Edwin N. Perrin

There are signs that mark your suit-prone patients off from the others, this study suggests. For instance . . .

Does he complain of constipation? Does he have trouble sleeping? Does he quarrel with your aide and gripe to you about how unfriendly she is? Does he consult you at least once a month?

If so, keep your fingers crossed. He's the kind of patient who may be spoiling for a malpractice suit, according to a new psychological study of a number of patients who have brought such suits against doctors.

The study, first of its kind ever made, was undertaken because of the perennial malpractice crisis in California. Disturbed by the rising tide of malpractice actions in their state, California's doctors have been searching for ways to stem the tide. As one step toward a better understanding of the malpractice menace, they sponsored a 1957-58 psychological study of various facets of the problem. And the results are now in.

The study was an ambitious one. Under the leadership of Psychologist Richard Blum, a team of psychologists and social workers explored the uncharted waters of medical liability suits pretty thoroughly. Among other things, they interviewed and

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t on with gave batteries of tests to (1) patients who have sued, (2) doctors who have been sued, and (3) jury members who have decided the suits. In this article, let's concentrate on what they

found out about the patients. First, though, a word of caution:

Like most psychological studies, this one stresses "tendencies" and "probable responses" rather than clear-cut facts. Its

# Starred Answers Stemom S

At the core of Psychologist Richard Blum's study of the characteristics of suit-prone patients was a questionnaire devised especially for his California survey. Here's a sampling of its fifty-eight questions. Answers marked with asterisks are those that usually indicate a suit-prone patient.

• If a doctor doesn't fix up what's wrong with you, he shouldn't charge you for his services.

1. Strongly agree.\* 2. Moderately agree.\* 3. Not sure.\* 4. Moderately disagree. 5. Strongly disagree.

· A doctor will use a medicine even if he doesn't know exactly what effect the medicine will have.

2. Usually. 3. Sometimes. 1. Always. 4. Rarely. 5. Never.\*

 Doctors agree as to the correct way of treating different illnesses.

1. Always.\* 2. Usually. 3. Sometimes. 4. Rarely.\*

God works through the doctors' hands.

1. Always.\* 2. Usually.\* 3. Sometimes. 4. Rarely. 5. Never.

• The best way for a patient to get even with a doctor he doesn't like is not to pay the doctor's bill.

1. Strongly agree.\* 2. Moderately agree.\* 3. Not sure.\* 4. Moderately disagree.\* 5. Strongly disagree.

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categories are by no means absolute. Obviously, not all insomniacs are suit-prone. And neither are all patients who sue necessarily insomniacs—though Richard Blum found that fully half of those he surveyed were. The same caution applies to all the characteristics he discovered, and even to the syndrome that they form.

Something else you'd better

# empm Suit-Prone Patients

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- If a doctor does something, while treating a patient, that costs the patient added pain, suffering, or time lost from the job, the doctor should be required to pay the patient damages.
  - 1. Strongly agree.\* 2. Moderately agree. 3. Not sure. 4. Moderately disagree. 5. Strongly disagree.
- A child had been sick for five days. Around midnight of the fifth day of the illness, the father decided to call the doctor for the first time. The doctor asked over the phone how long the child had been sick. The father told the doctor it had been five days, and the doctor got angry and refused to come out and see the child. If you were the father, what would you have said to the doctor?
  - A doctor should be glad to come out any time a person wants to see him.\*
  - I can understand why you're mad, but please come out anyway.
  - 3. I'm sorry. I'll be careful never to call again at night.\*
- A man went to the doctor's office with a minor sickness. He knew that most doctors charged about \$5 for an office call. At the end of the month he got a bill for \$50. He immediately thought that:
  - 1. The doctor was trying to get rich off of him.\*
  - The office girl or bookkeeper had made a mistake in billing.
  - 3. He must be a very good doctor to charge so much.\*



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keep in mind: Partly because of the exhaustive nature of the interviews and partly because malpractice plaintiffs are hard to get hold of (they apparently move around a lot), the study is numerically a small one. It covers only thirty-one patients in the San Francisco area who've sued and another thirty-one "control" patients who haven't.\* So it would be misleading to draw any precise statistics from the Blum report.

But within its limits, the study is remarkably revealing. Want to know what patients who have sued physicians are like? Here are seventeen characteristics suggested by the California study:

- 1. People who sue their doctors tend to be prosperous. The median income for the Blum group was about \$6,000 a year, whereas the median income for the entire San Francisco area is a little under \$4,000.
- 2. People who sue their doctors tend to be restless. Threequarters of the group Blum stud-

ied have moved at least once within the last five years. Only half the general population of the area has moved once or more in that same period.

- 3. People who sue seem to have lower IQs than those who don't. The average IQ in the suing group was 103; in the control group, 113. (And remember that this is a comparison of groups with identical income, amount of education, and racial background.)
- 4. Twice as many suit patients as other patients have gone to chiropractors. Actual figures in the study: 60 per cent to 30 per cent.
- 5. More suit-prone patients than others say that their doctors remind them of their fathers. Actual figures: 20 per cent to 3 per cent.
- 6. Suit patients tend to be more withdrawn when they're sick. They say they want to be alone, would rather not have too many callers when they're in the hospital, etc.
- 7. Suit patients apparently worry more about constipation. Fifty-five per cent of those surveyed said they have this complaint, as against 35 per cent of the control patients. More

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The control patients took the same tests as the suit-prone ones. Furthermore, the two groups were matched exactly for education, age, income, sex, race, and marital status. For the purposes of the study, the only significant difference between control patients and suit patients is that the former have never filed a suit against a doctor or refused to pay a medical bill.

drug release within 4 minutes, followed by therapeutic effect lasting 10-12 hours

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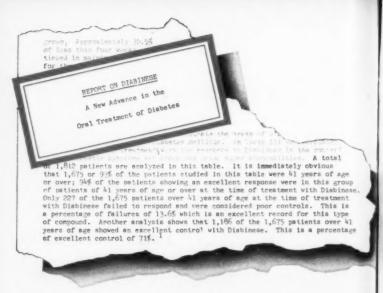
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Diabinese exerts a hypoglycemic effect within one hour, which becomes maximal within three to six hours. It exhibits twice the potency of tolbutamide on acute administration and up to six times its potency on chronic administration. Most patients can be started on only 0.25 to 0.5 Gm. daily given as a single dose with breakfast.

Diabinese has a longer biologic half-life than tolbutamide. Excreted slowly, 80 to 90 per cent of one administration is eliminated in 96 hours. A single dose provides a therapeutic effect lasting 24 hours or longer. Since it remains in the blood as the active hypoglycemic material and is only gradually removed, Diabinese affords longer-lasting clinical benefit, with relatively constant blood levels, on low, once-a-day dosage.

The enhanced potency and duration of effectiveness of Diabinese is reflected in its notable record of clinical success in properly selected patients. Ninety-four per cent of *excellent* responses to Diabinese are in the most common group — the "maturity-onset" diabetics. Diabinese proved effective in 86.4 per cent of 1,675 patients over 40 years of age. Good results have even been obtained in some "brittle" diabetics, as well as in many patients exhibiting primary or secondary failure with tolbutamide.

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1. Summary of Diabinese Study Program

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## CAN YOU SPOT THE PATIENT WHO'LL SUE?

8. Suit patients want personal attention and recognition of their emotional needs from doctors' aides. The control patients studied by the Blum team tended to stress efficiency and politeness as the most desirable qualities in an aide.

 Suit patients are twice as likely to complain about hospital nurses—to say they "aren't nice," "don't treat you like a human being," etc. The figures: 40 per cent to 20 per cent.

10. Suit patients are far more apt to blame their doctors (rather than their illnesses or themselves) for slow recovery after they've been sick. The figures: 50 per cent to 3 per cent. This difference is especially striking,

the study points out, since the actual time of recovery for both groups tends to be identical.

11. Suit patients are twice as likely to complain of insomnia. Fifty per cent of them said they have trouble sleeping, as compared with 25 per cent of the control patients.

12. Suit patients tend to believe that all doctors charge too much. Sixty-four per cent of them said so; only 42 per cent of the controls agreed. Furthermore, 60 per cent of the suit patients claimed to have been overcharged by hospitals, as compared with 30 per cent of the control patients.

13. The suit patient is twice as likely to disapprove of organized medicine. The figures: 42 per cent to 19 per cent.

14. The suit patient is six times as likely to show "patently unrealistic attitudes toward doctors and medicine." The figures: 75 per cent to 12 per cent. To explain what an "unrealistic" attitude is, Psychologist Blum cites the following incident:

He asked both groups to invent stories about doctors and patients that might fit a series of pictures he showed them. Sixty per cent of the suit patients—



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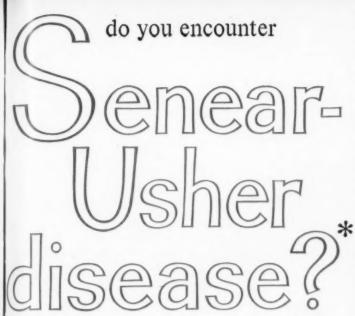
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\*Senear-Usher disease—also called pemphigus erythematosus—is a dermatosis resembling pemphigus vulgaris involving mainly the head, face, and trunk. Whether common or rare, response to METICORTEN is excellent in most allergic and inflammatory skin diseases.

Henington, V. M.; Kennedy, B., and Loria, P. R.: South, M. J. 51:577, 1958.

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### CAN YOU SPOT THE PATIENT WHO'LL SUE?

and only 6 per cent of the control patients—dreamed up one or more tales about miraculous cures for incurable diseases. Comments Richard Blum: Each of these tales had "a happy ending inappropriately forced onto a story which reasonably could not end happily."

15. The patient who sues his doctor is more likely to sue other persons as well. Twenty-seven per cent of the suit patients said they'd sued at least one non-M.D. Only 3 per cent of the control group said they had.

16. Suit patients are much more likely to be church members. The figures: 64 per cent to 42 per cent.

17. The suit-prone patient is also apparently doctor-prone. In 1956, the average such patient surveyed saw a doctor fourteen times. His counterpart in the control group saw a doctor just seven times.

# To Be Taken Seriously?

Looked at individually, the above characteristics are interesting but perhaps not especially



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significant. Their real value is cumulative. Put them all together, says Blum, and you get a portrait of an immature and basically dependent personality. The suit-prone patient, he finds, is usually a mild neurotic who wants to have a child-to-father relationship with his doctor. It's probably as a child that he often sues, in order to "get even."

So Blum doesn't believe that most men and women who bring malpractice suits are out to make money. They "are not opportunists selfishly seeking personal gain by dishonest or immoral means," he says. Primarily, they're people who resent "Father's" failure to cure them. And they're out to punish "Father," not so much for his lack of medical skill, as for his neglect of their emotional problems.

# Personality's the Key

Is it possible, then, that the presence of actual malpractice may have only a limited bearing on the incidence of suits, since the patient's personality is often the dominant factor? The Blum report suggests that the answer may be yes.

For after the psychologists

had finished their tests, Richard Blum went to see the insurance companies that had handled the thirty-one malpractice cases in question. He asked how many of these suits were based on true malpractice and how many weren't. Here's what he found:

As the insurance people see it, fourteen of the suits had a sound medical basis; the other seventeen were completely unjustified.

Using this information, Blum then divided his suit patients into two groups, the warranted and the unwarranted. He compared their interviews and test scores. And he found no significant differences.

"The legitimacy of the complaint does not ordinarily differentiate suit patients from one another," he comments. On the other hand, the study indicates that "attitude and personality do differentiate suit patients from controls."

The lesson for doctors? It appears to be this: If you want to avoid trouble, try to spot and to reassure the depressed and dependent patient. Obviously, not all such persons are suit-prone. But the Blum report indicates that many of them are.

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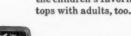
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# What the Steelworkers Want From Medicine

By John R. Lindsey



No longer sold on the Blue plans, they're out to get their own hospitals, clinics, and diagnostic centers. The goal: nothing less than total medical care paid in full. But they're eager to work with doctors, not against them, says their head man, David J. McDonald (above)



Jave you been trying to keep on the United Mine Workers' medical program and another on Walter Reuther's proposed closed-panel health plan? You'd better find a third eye somewhere. A strong new force is moving up fast in the prepayment sweepstakes: the 1,250,000-member United Steelworkers of America.

Twice the size of the Mine Workers, the steelworkers' union ranks with the United Auto Workers and the Teamsters as one of the three biggest unions in the country. And now, after ten years under the wing of Blue Cross and Blue Shield, it's ready to strike out with a paid-in-full health plan of its own. The un-

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# If you were to examine these patients



# could you detect the asthmatic on Medrol\*?

Probably not. Not without a history.

First, because he's more than likely symptom-free.
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### WHAT THE STEELWORKERS WANT

ion's goal, says President David J. McDonald, "is a completely prepaid, fully insured medical care system."

Included in the package, he hopes, will be *all* hospital and doctor bills—the works. What's more, the steelworkers want their own hospitals and clinics, too.

Who'll foot the bill for such a program? Partly the union itself, partly the big steel corporations. Health-care financing will be the steelworkers' No. 1 bargaining

demand next spring, when negotiations for a new three-year contract begin.

The union is already spending about \$135,000,000 for medical care, with the money coming from its members and from industry on a 50-50 basis. It expects to get a lot more from the companies in its new contract. How much more? Neither McDonald nor anyone else in the union will say.

They won't be specific, either, about the exact details of the



"Think . . . pages 40 and 41 . . . remember?"

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effective in 6 out of 7 cases of functional vomiting!—often associated with intestinal "flu" or G.I. grippe. Rapidly effective...economical...and safe physiologic action usually eliminates need for potentially hazardous antiemetic drugs. Also established for safe relief of "morning sickness."<sup>2</sup>

Dose: children, 1 or 2 tsp.; adults, 1 or 2 tbsp.; repeat every 15 minutes until vomiting ceases. In bottles of 3 and 16 fl.oz. DO NOT DILUTE.

1. Bradley, J. E., et al.: J. Pediat. 38:41, 1951, 2. Crunden, A. B., Jr., and Davis, W. A.: Am. J. Obst. & Gynec. 65:311, 1953.

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KINNEY & COMPANY, INC. COLUMBUS, INDIANA

MEDICAL ECONOMICS · JANUARY 5, 1959 121

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### WHAT THE STEELWORKERS WANT

kind of plan they want. But one thing is certain: Whatever it turns out to be, it's sure to have an impact on the private practice of medicine in this country. That's why I believe you'll want to know what David McDonald told your colleagues at a recent Philadelphia meeting of the Pennsylvania state medical society.

### The Floor Was His

The meeting was so arranged that doctors could ask questions only in writing and weren't permitted to answer back. So the beaming, ruddy-faced, whitehaired head of the United Steelworkers had the floor pretty much to himself. He was well worth watching and listening to.

For one thing, he has a quick and ready wit. His audience chuckled when he was asked whether he thought doctors should have the right to strike. They roared with laughter when he boomed out a one-word reply: "Absolutely." At another point, he nearly brought down the house with an impromptu comment on one question:

"Are the steelworkers trying



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2. Traylor, J. B., and Torpin, R.: Am. J. Obot. & Gynec, \$1:71-74 (Jan.) 1951.



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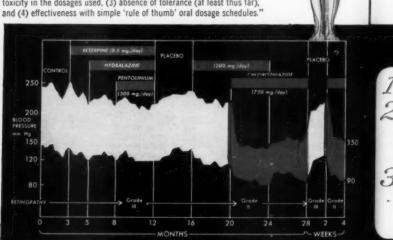
# Investigator after investigator reports the

Wilkins, R. W.: New England J. Med. 257:1026, Nov. 21, 1957.

"Chlorothiazide added to other antihypertensive drugs reduced the blood pressure in 19 of 23 hypertensive patients." "All of 11 hypertension subjects in whom splanchnicectomy had been performed had a striking blood pressure response to oral administration of chlorothiazide" is not hypotensive in normotensive patients with congestive heart failure, in whom it is markedly diuretic; it is hypotensive in both compensated and decompensated hypertensive patients (in the former without congestive heart failure, it is not markedly diuretic, whereas in the latter in congestive heart failure, it is markedly diuretic). . . . "

Freis, E. D., Wanko, A., Wilson, I. H. and Parrish, A. E.: J.A.M.A. 166:137, Jan. 11, 1958.

"Chlorothiazide (maintenance dose, 0.5 Gm. twice daily) added to the regimen of 73 ambulatory hypertensive patients who were receiving other antihypertensive drugs as well caused an additional reduction [16%] of blood pressure." "The advantages of chlorothiazide were (1) significant antihypertensive effect in a high percentage of patients, particularly when combined with other agents, (2) absence of significant side effects or toxicity in the dosages used, (3) absence of tolerance (at least thus far), and (4) effectiveness with simple 'rule of thumb' oral dosage schedules."



In "Chlorothiazide: A New Type of Drug for the Treatment of Arterial Hypertension,"

Hollander, W. and Wilkins, R. W.: Boston Med. Quart. 8: 1, September, 1957.

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to get prepaid coverage for everything?" the doctor's query read. "Suppose a man spends \$50 a year for tobacco, \$50 for liquor, \$500 for a car, more than \$1,000 for food, and so forth. Are you going to get him paidin-full coverage for all these items?"

Replied McDonald: "All I can say is, he's spending too much for tobacco and not enough for liquor."

There were appreciative grins, too, when he said: "We have a great, big, strong, powerful union. And we're glad you doctors also have a great, big, strong, powerful union. So let's be friends."

But David McDonald is equally capable of expressing serious ideas trenchantly. He had no trouble capturing the physicians' attention with such statements as this one:

"We ask you to join with us . . . in the development of a completely prepaid, fully insured medical care system. You must be prepared to accept the idea that such insurance is right and proper, that group practice has a place in this picture, and that preventive medicine and rehabilitation as well as diagnosis and

therapy are parts of a medical care prepayment plan. In short, there must be no prejudice or willful desire to block change, merely because it is change. Nothing less than these ambitious goals will satisfy the needs of the steelworkers."

The doctors were obviously hungry for some definite information about what the union has in mind. Both in a set speech and in impromptu answers to questions, McDonald told them a lot (if not everything). Here are his replies to some of the questions you might have asked if you'd been at the meeting:

What would the proposed hospitals be like? Would they be like United Mine Workers institutions-built to serve the union's members? Or would they be more like the Kaiser Permanente hospitals in California?

said. McDonald wasn't completely specific. But although he praised both the U.M.W. program and the Kaiser plan, he indicated a personal preference for the Kaiser type of hospital. Said he:

"I'd like to see a joint efforta joint plan—between the United Steelworkers and the steel comfor prevention
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Each tablet contains: 200 mg. Miltown + 10 mg. pentaerythritol tetranitrate.

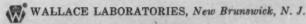
Usual dosage: 1 or 2 tablets q.i.d. before meals and at bedtime. Dosage should be individualized.

### References:

Shapiro, S.: Observations on the use of meprobamate in cardiovascular disorders. Angiology 8:504, Dec. 1957.

 Friedlander, H.S.: The role of ataraxics in cardiology. Am. J. Cardiol. 1:395, March 1958.

3. Eskwith, I. S.: The holistic approach to angina pectoris. Am. Heart J. 55:621. April 1958.



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panies...I'd like to see hospitals established in steel communities, not for profit, but as an investment in the social good of the community...[They'd] be open to anybody, not just union members...I'd like to see something like the Kaiser hospital and clinic in Walnut Creek, California."

The Walnut Creek hospital, one of the Kaiser Foundation's show places, is a closed panel. What, then, is David McDonald's attitude toward free choice of physician?

Here's the answer in his own words: "Free choice is just a lot of conversation."

Actually, he pointed out, he's in favor of free choice. "But if you're living in a small community, how much choice have you got? Take the steelworker living in a small steel town. He has a choice only of Dr. A or Dr. B. Suppose he goes to Dr. A. Does he then have a choice of hospital or a choice of surgeon? No. He goes to Dr. A's hospital and to the surgeon Dr. A chooses, if there's even that choice."

McDonald paused. Then he said: "In Walnut Creek, a man walks into the Kaiser hospital clinic and he has a choice of eighteen physicians. Their names are up on the board. He can walk in and he has eighteen choices of physician at his finger tips."

Why do the steelworkers feel they have to organize their own program when they already have Blue Cross and Blue Shield?

Said McDonald: "The present costs of Blue Cross and Blue Shield are too high. They've reached a point where any further increases will be strenuously resisted by subscribers.

"Whenever a steelworker's wife gives birth, there are uninsured bills to meet. When an operation is performed on a member of the family, there are frequently additional bills. When steelworkers are laid off or retired, they're expected to fend for themselves. No wonder the United Steelworkers' national convention believes our present programs are in need of review.

"What we're asking you," he added, "is this: We ask you not to attempt to preserve what is not working well but to fearlessly break with everything in the past which has proven fallacious. Yet, unfortunately, I am afraid that while almost all doctors are

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## Comments by investigators on

# Robax

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acute trauma	33	26	6	1	_	
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Herniated dist	30	25	13	-	1	
Ligamentous strains	8	4	4	-	-	
Torticallis	3	3		-	-	
Whiplash injury Contusions, fractures, and muscle soreness	3	2	1	-	-	
due to accidents	5	3	2	-	-	
STUDY 38	1 1	"excellent"				
Hernlated dist	8	6	2	-	-	
Acute fibromyasitis	8	8	_	-	-	
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STUDY 4 <sup>th</sup> Pyramidal tract and acute myalgic disorders	30	"significant"	_	2	1	
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# THE JOURNAL

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# THE JOURNAL

"In no instance was there any significant reduction in voluntary strength or intensity of simple reflexes."\*



"This study has demonstrated that methocarbamol (Robaxin) is a superior skeletal muscle relaxant in ocute arthopedic conditions."

practicing 1958 medical care, many still like to think of their organizational and financial problems in terms more appropriate to an era that died in 1929."

Shouldn't the steelworkers be required to participate individually in meeting the costs of medical care?

Said the union head: "Every individual in the United Steel-workers does participate in medical care costs. He pays them out of his own pocket. Or he pays them individually through his union. Half the cost of our insurance programs in the steel industry is paid for out of the pay checks of the members of the United Steelworkers."

He admitted that the members of his union earn an average of \$5,300 a year and that they can therefore afford to pay some of their own medical bills. But, he emphasized, "a steelworker's family can't afford major medical expense."

If all medical bills are prepaid, how do you prevent abuse of the privilege of free office calls?

Answered McDonald: "I don't

think people rush to see the doctor just to see the doctor."

The moderator, Pittsburgh Internist Wendell B. Gordon, spoke up suddenly. "You'd be surprised!" he exclaimed.

But McDonald took the interruption in his stride. "Our experience indicates just the opposite," he went on. "Many times, we find, the doctor sends the patient to the hospital just to be rid of him. The doctor's attitude seems to be: 'Get him down to the hospital and let them take care of whatever it is.' Now if we opened up diagnostic and treatment centers, we could make some savings in hospital bills."

What's the United Steelworkers' attitude toward private anedicine?

Said David McDonald: "For nine years the United Steelworkers have tried without success to get the cooperation of the leaders of organized medicine for the establishment of a fully prepaid system of paying medical bills. I have urged this upon you as the only reasonable alternative to complete government operation of this essential public service. So far my pleas have fallen on deaf ears."

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Each ANTIVERT tablet contains:

Meclizine (12.5 mg.) – most effective antihistaminic to control vestibular dysfunction.<sup>1</sup>

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Menger found ANTIVERT "improved or controlled symptoms in virtually 90% of vertiginous patients."<sup>2</sup>

Indications: Meniere's syndrome, arteriosclerotic vertigo, labyrinth-

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Dosage: one tablet before each meal. Supplied: bottles of 100 blue-andwhite scored tablets. Prescription only.

References: 1. Charles, C. M.: Geriatrics 2:110 (March) 1956, 2. Menger, H. C.: Clin. Med. 4:313 (March) 1957, 3. Shuster, B. H.: M. Clin. North America 40:1787 (Nov.) 1956.



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MEDICAL ECONOMICS - JANUARY 5, 1959 131

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As a further illustration of medicine's failure to cooperate with labor, he cited "the efforts of organized medicine to destroy the United Mine Workers' medical plan . . . The charge against the United Mine Workers is not that they are encouraging the practice of poor medicine. Or that they are attempting to buy medical care at unfair rates. Or that they are encouraging government operation of medicine. The charge against the United Mine Workers is that they are doing a job differently from the way it has usually been done in the past.

"The fact that the success of the United Mine Workers might be an effective safeguard against government encroachment in the field of medicine doesn't interest its opponents. Like the proverbial bull in the china shop, those who oppose the mine workers'

experiment are merely bent on destruction."

McDonald later conceded that the word "destruction" was perhaps too strong. And he also made a careful distinction between what he termed "the doctors' union" and individual physicians: "Individual doctors like the miners' plan. And they often go on working with it in defiance of their union's orders-that is, the medical society's orders.

"Of course, the individual doctor will take care of the individual worker in need. He'll treat him. He won't turn him away. But we want to help the worker to be able to pay his own way. And we want to help the doctor get his bills paid."

# A Plea for Help

And so, in the end, the Steelworkers' president pleaded for help from medicine in planning

st straw

Deliver me, please, from the matron Who refers to her mother as "Mummy"! And please don't insist I be civil To the grown-up with pains in his "tummy"!

-COLBY CLEVELAND

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thing seems normal, but that "I just fall apart in the afternoon" may indicate a common subclinical anemia, or even an uty pernicious anemia. For any phase or any type, marginal to manifest, consider one of the new Lederle hematinic formulations, FALVIN, PRONEMIA or PERIHEMIN. All provide the new form of iron, ferrous fumarate (fewer g.i. reactions and fully efficient) plus

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tamin B <sub>12</sub> with AUTRINIC® Intrinsic Factor Concentrate From Furnarate	1 U.S.P. Oral Unit 271 mg.	2 U.S.P. Oral Units 350 mg.	2/3 U.S.P. Oral Unit 168 mg.

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350 mg. 168 mg.
115 mg. 55 mg.
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the new program. Among his concluding remarks:

"I urge you with all sincerity to join with me to introduce common sense planning into the present system of medical care and medical care financing. I hope none of you will get the idea there's any antipathy between labor and medicine. We want to be your friends. Organized labor is a necessary part of the free, democratic, capitalistic system. So is organized medicine."

Later, John Tomayko, director of the United Steelworkers'

welfare and pension department, told me he was sure this wasn't just oratory. McDonald and the steelworkers, he said, "want to develop a tripartite plan, with the union and industry and the medical profession all participating in the planning." (Discussions along these lines are already under way between union representatives and Pennsylvania medical leaders.)

"Of course," Tomayko added, "if we can't get the steel industry to sit down with us, that's not going to stop us from going ahead with our plans."

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and/or pathology . . . without side effects . . . effective in men in IM-POTENCE, premature fatigue and aging.2 GLUTEST for women in frigidity and fatigue.3 Lit. available.

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- Gould, W. L.: Impotence, M. Times 84:302 Mar. '56.
   Personal Communications from 110
- Physicians.
  3. Milhoan, A. W., Tri-State Med.
  Jour., Apr. '58.

Reg. U. Pat. Off. Pat. Pend. © 1958

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# **'Uncle Sam** Will Have to Bail Out Our **Medical Schools'**

And the time to ask for help is right now, says Dr. Lowell Coggeshall

Our medical schools have been getting a growing flow of funds from the Federal Government. This year, for instance, they'll get some \$231,000,000 -or 66 per cent of all they spend on research. Now one

this money for something besides research. They need it, he says, to finance their day-today operations.

"The time for direct Federal operational funds [to run our medical schools] arrived." In has

influential M.D. is saying the fact, "it arrived some time ago," medical schools must start using

says Dr. Lowell T. Coggeshall,

THIS ARTICLE reports the high lights of what Dr. Coggeshall said recently in an address to the Association of American Medical Colleges. A subsequent issue will carry a rebuttal from doctors who disagree with Dr. Coggeshall.

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In potentiallyserious infections...

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broad-spectrum antibiotic of first resort

effective against more than 30 common pathogens, even including resistant staphylococci.

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past president of the Association of American Medical Colleges.

Most medical leaders are leery of using Government funds to run medical schools. And Dr. Coggeshall agrees that private endowments would be preferable: "No one would [consider Federal] support if the need did not exist."

But the need does exist—and for one key reason, he maintains: Non-Governmental sources simply aren't providing as much money as the schools must have to keep going.

The National Fund for Medical Education and the American Medical Education Fund are both "as yet inadequate," he says. Other key sources of new medical school funds—e.g., increased student fees, additional private gifts, larger appropriations from city and state governments—"seem to be exploited to near capacity."

Furthermore, "the years ahead will require greater expenditure than ever," he warns. Medical schools "cannot possibly provide for future needs" unless they get Federal funds for operations as well as for research.

Before we accept such funds, Dr. Coggeshall goes on, there are three important questions to be answered. These have worried our medical leaders whenever they've considered looking to the Government for medical-school funds:

# 1. Is the freedom of the university and its medical school likely to be trespassed on or dominated by such Federal assistance?

"The answer, in my opinion, is no," says Dr. Coggeshall. During the ten years the Government has provided funds for research, it has depended on "nonbureaucratic talent for both policy and operational guidance. In practically every role one can see the paramount influence of the university scientist and educator." In fact, experience leads Dr. Coggeshall to believe "there is no more to fear with Federal than with state tax dollars—probably less."

# 2. Will not such Federal support alter or influence the pattern of medical care?

"I believe not," says Dr. Coggeshall—chiefly for the reasons cited above. "The only result will be an increase in the number of more adequately

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· in pregnancy when vomiting is persistent

 following neurosurgical diagnostic procedures

 in infections, intra-abdominal disease, and carcinomatosis

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trained and educated personnel of all types."

# 3. Won't Federal funds for this purpose dry up private resources?

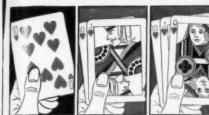
"If this were the case, it would have happened some time ago. Increased Government expenditure for medical welfare has thus far generated greater private support—not less." And we can insure this will continue, he adds, "by matching Federal funds with

private dollars. [All our] requests for assistance should be related to this principle."

Dr. Coggeshall winds up with this warning: "We are not speaking about financial comfort for our medical schools. We are speaking about the future health of our country." From this point of view, he sees only one answer: "The time for direct Federal operational funds, free from an implication of subterfuge, has arrived."



"She wants to know which has more calories—a Martini or a Manhattan?"



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General Manager of Professional Management Midwest, Waterloo, Iowa.



# Rx for Getting Personal

Patients like the personal touch—and they won't find it in your office if anonymity is the rule. So introduce your office aides to the new patient by name. How? Put name plates in front of them.

On the counter in front of the receptionist, put a neat plate that says "Miss Binswanger," or whatever her name may be.

And if you have a clinical aide who interviews patients, be sure the person who sits beside her desk can see that he's talking to "Miss Plum," and not just to the deity who probes into his past.

Going beyond this, insist that your aides address patients by their names.

It just isn't enough to say crisply: "Doctor will see you now." The sentence isn't complete if it isn't prefixed or suffixed by "Mr. Jones."

With a smile, please. That's the most personal touch of all.

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## Payment Problems in Auto-Accident Cases

Will the patient's insurance company pay you?

Will the other driver's? Or must you collect from the patient himself? These eight examples show who's obligated to pay

BY GEORGE G. COUGHLIN AND JOSEPH J. SCHNEIDER

Fewer doctors' bills would go unpaid if more physicians and patients understood automobile accident insurance. Many a physician discounts bills, or writes them off entirely, when there is no need to. The patient, meanwhile, may have ideas about his insurance that are just as erroneous.

Yet you don't have to be a Supreme Court judge to be able to figure out what accident claims are likely to be paid. In most cases, all you need is a basic knowledge of two types of car insurance: (1) "medical-payments" and (2) liability.

Medical-payments insurance pays all reasonable medical and surgical expenses incurred within one year by each person covered who is accidentally injured "while in or upon, entering, or alighting from" a car. This coverage is proving to be a boon to physicians. It has nothing to do with negligence. The insured can collect for his medical expenses even though he is responsible for the accident.

Liability insurance, on the

THE AUTHORS of this article collaborated also on "You and Your Car Insurance," which they say is "the only book on auto accident claims addressed to the car owner." Mr. Coughlin is a Binghamton, N. Y., attorney who has been handling automobile accident cases for twenty-five years. Mr. Schneider has had many years' experience as an insurance claims manager.

prompt control of

### acute alcoholism



### THORAZINE\* Injection Ampuls and Multiple dose vials

Smith Kline & French Laboratories

\*T.M. Reg. U.S. Pat. Off. for chlorpromazine, S.K.F.

other hand, takes care only of those claims that the insured becomes "legally obligated to pay." It does not pay automatically, the way medical-payments insurance does. If your patient's at fault in an accident, his chances of collecting on a liability policy to satisfy your bill are slim.

Let's take a look now at some examples culled from a good many years' experience with automobile accident claims. These cases illustrate some of the collection problems a physician who treats smashup victims is likely to face. First, some medical-payments cases:

Mr. Albright drank one too many at a cocktail party. The road on the way home curved, but his car didn't.

He wound up lying in a hospital bed and owing \$600 to the surgeon who attended him. He has a \$2,000 medical-payments policy.

Question: Will the insurance company pay the bill, even though Albright was obviously drunk and entirely to blame for the accident?

Answer: Yes. A medical-pay-

ments policy disregards questions of liability and negligence.

Mr. Barton stopped his car to give his neighbor's wife, Mrs. Aker, a lift home from the store. As she was setting her bundle of groceries on the rear seat, the door of the automobile accidentally slammed on her hand.

Several operations were necessary. Her doctor's bills amounted to \$350. Barton has \$500 of medical-payments coverage. Mrs. Aker, however, does not have insurance of any kind.

Question: Will the insurance satisfy the surgical bill, despite the fact that Mrs. Aker carries no insurance herself?

Answer: Yes. Barton's policy covers any person injured "in or upon, entering, or alighting from" his car. Mrs. Aker was clearly in the car or in the act of entering it.

Mr. Spinney's car skidded into a phone pole. Spinney escaped injury; but his wife, his daughter Jane, and a neighbor's child, who were riding with him, were all hurt.

The doctor's bills totaled \$300 for Mrs. Spinney, \$400 for Jane,

# for prompt control of senile agitation



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'Thorazine' can control the agitated, belligerent senile and help the patient to live a composed and useful life.

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and \$500 for the neighbor's child. Spinney has a \$500 medical-payments policy.

Question: Is the physician who treated them likely to collect the \$1,200 due him on Mr. Spinney's \$500 policy?

Answer: Yes. The full amount of the policy applies separately to each person injured in the car. So each may collect up to \$500.

Mr. Davis, who had neglected to renew his car insurance, offered Mr. Meyer and his wife a ride. Meyer has medical-payments coverage on his own car, but it was Davis' car that cracked up.

Both the Meyers were injured. Their own doctor treated them.

Ouestion: Will the insurance company pay the doctor's bill for the Meyers' injuries, even though they were hurt while riding in an uninsured car?

Answer: Yes. Meyer's policy covers him and his wife for injuries suffered in their car or in anyone else's. It wouldn't have covered Davis' medical expenses if he had been injured.

Miss Day injured her nose in an automobile accident. She went to

her doctor immediately for treatment of the wound. Later she needed plastic surgery. But the operation was delayed a year and a half.

The doctor's bill at the time of the accident was \$25. For the plastic surgery a specialist charged \$400. Miss Day has medical-payments coverage of \$1,500.

Question: Can the plastic surgeon look to Miss Day's insurance company to pay his \$400 fee?

Answer: No. The company will pay for Miss Day's \$25 treatment but will not finance the plastic surgery. Its contract commits it only to pay "reasonable expenses incurred within one year from the date of the accident." Once the year is up, the patient must pay.

Now here are a few case histories of liability claims:

Two men named Edison and Fish collided at an intersection. Each was driving his own car. Both were injured and required medical attention. They were equally to blame and admitted it. Each carried liability insurance.

Question: Can Edison collect

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Andrews, G. C.: Diseases of the Skin, ed. 4, Philadelphia, Saunders, 1954, pp. 117, 118.

#### AUTO-ACCIDENT PAYMENT PROBLEMS

from Fish's insurance company, and Fish from Edison's, to pay the doctor?

Answer: No. Neither company will pay because both men were at fault.

Liability insurance companies don't pay all claims. As already noted, they agree to pay only those for which the assured becomes "legally obligated." In this case, neither one is.

Grogan rammed the rear of the car ahead of him in a line of holiday traffic. He was injured when his

head hit the dashboard. A physician treated him.

Each driver had liability insurance. Each also had his own explanation of the cause of the accident.

Grogan claimed the car ahead of him stopped suddenly. The other driver (with whom witnesses agreed) said that he'd been stopped for several seconds before the accident occurred and that Grogan appeared not to have his car under control.

Question: Who'll pay the doctor's bill?

Answer: Probably Grogan, out



150 MEDICAL ECONOMICS - JANUARY 5, 1959

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Pyribe

# Pyribenzamine expectorant breaks up cough



even persistent cough

Patient, factory worker, age 43, had suffered for months with persistent, dry cough, which he termed "smoker's hack."

Cough frequently interrupted his sleep, causing him to be nervous, irritable; his job efficiency was impaired.





Chest X-ray was negative and the plant physician prescribed PYRIBENZAMINE EXPECTORANT with Ephedrine. Patient noticed almost immediate relief a week later left "considerably better."

Pyribenzamine Expectorant with Ephedrine provides a unique combination of antitussive agents, which work three ways at once to break up the persistent cough: Pyribenzamine relieves histamine-induced congestion throughout the respiratory tract; ephedrine relaxes the bronchioles and makes breathing easier; ammonium chloride liquefies mucus, relieving dry cough and promoting productive expectoration.

Supplied: Pyribenzamine Expectorant with Ephedrine, containing 30 mg. Pyribenzamine citrate (equivalent to 20 mg. Pyribenzamine hydrochloride), 10 mg. ephedrine sulfate and 80 mg. ammonium chloride per 4-ml. teaspoon.

Also available: Pyribenzamine Expectorant with Codeine and Ephedrine, same formula as above with the addition of 8 mg. codeine phosphate per 4-ml. teaspoon (exempt narcotic).

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Winthrop Laboratories introduces the first true

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# TRANCOPAL BRAND OF CHLORMETHAZANDNE

designed to be equally effective as both a MUSCLE RELAXANT / a TRANQUILIZER

#### INDICATIONS

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Neck Pain (torticollis)

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Dysmenorrhea

Premenstrual Tension

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DOSAGE: One Caplet (100 mg.) orally three or four times daily. Relief of symptoms occurs in fifteen to thirty minutes and lasts from

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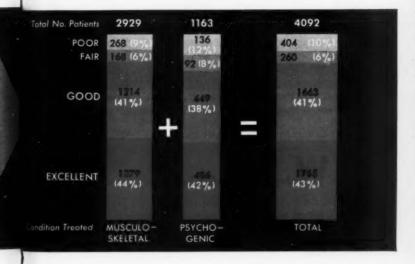
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- Lower incidence of side effects than with zoxazolamine, methocarbamol or meprobamate.
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ban-qui-lax-ant (tran'kwi-lak'sant) [< L. tranquillus, quiet; L. laxare, to loosen, as the muscles]

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NONE

of his own pocket. There's an axiom that says, "Questionable liability means questionable payment." And Grogan's case certainly looks questionable.

So the doctor had best bill his patient direct and send a copy to the insurance company. Legally, it's the patient anyway—not the insurance company—who's liable for his bill.

Corporal Huff, U.S.A., was home on furlough. He took his family out for a Sunday spin. A careless driver ignored a stop sign and piled into Huff's car broadside. Huff, his wife, and two children were all injured and had to have immediate medical attention.

Settlement of the liability claim against the reckless driver has been delayed. Huff has no money of his own to pay the doctor's bill.

Question: What steps can the physician take to help assure payment of the bill owed him by Huff?

Answer: He can ask the insurance company to add his name to the settlement draft. He should do this immediately, since there is every likelihood that Huff's claim will be paid.

Insurance companies are glad to protect the doctor's bill. Some do it automatically; others, only on request. Whenever you think a patient may not be financially responsible, send a copy of your bill to the insurance company, with a notation on it like this:

"Please protect my bill in the event a settlement is made."

You'll be surprised at how often this pays off.

END

### Write, don't telephone

At the V.A. mental hygiene clinic where I practice, I told a patient whom I'd just examined to phone the office that afternoon for the results of his tests. He had a pencil and notebook, and I told him to take down the number—CApitol 6-4281.

The man paused, then asked: "Doctor, how do you make a capital 6?"

—M.D., TEXAS

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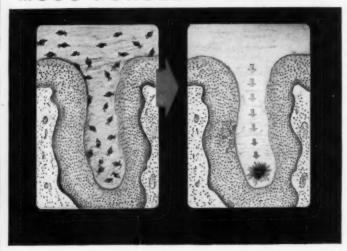
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#### IN LEUKORRHEA

## Lycinate

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seeks out...exposes...then destroys the trichomonad

The success of leukorrhea therapy depends upon bringing effective trichomonacidal medication into contact with the exudate-protected pathogens.

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DOSAGE: 2 vaginal tablets inserted simultaneously once daily. SUPPLIED: Boxes of 50 with applicator.

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Nibbling Natalie eats like a bird...

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You can help curb her perpetual pecking

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DAY-LONG ACTION

provides day-long appetite suppression and mood elevation.

PHANTOS helps counteract the constipation and bedtime wakefulness which so often complicate reducing regimens.

Each Phantos capsule is constructed with a built-in timetable to release three separate sets of components at intervals which provide day-long action...eliminates the "forgotten" dose.

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- IMMEDIATE RELEASE—aloin to counteract constipation
- FINAL RELEASE—phenobarbital to offset evening excitation

#### IMMEDIATE RELEASE provides

Amphetamine Sulfate. 5 mg. Thyroid. 1/2 gr. Atropine Sulfate. 1/360 gr. \*Aloin. 1/4 gr.

\*counteracts morning constipation

#### RELEASE provides

FINAL RELEASE provides

\*relieves evening excitation

DOSE: one capsule on arising SUPPLY: bottles of 30, 250 and 500 FRANKAY LABORATORIES, INC., Harrison, New Jersey

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### What Causes Friction in Partnership Practice?

Even healthy partnerships may have sore points, this survey reveals. Here's how some of the doctors resolve their disagreements over medical care, fees, aides, etc.

#### By Hugh C. Sherwood

A large number of the physicians in several hundred small partnerships surveyed by this magazine claim to be entirely satisfied with their present set-ups. A huge majority of them say they would never return to or enter solo practice.

But "a large number" isn't everybody. Many of the respondents do find disadvantages in partnership practice. And what they have to say about var-

ious points of friction—professional, business, and personal—seems particularly significant. Here's why:

Disagreements among doctorpartners can—and sometimes do—lead to a complete break. But virtually all the men queried by MEDICAL ECONOMICS belong to thriving partnerships. So the problems they cite are obviously not insoluble. They're the kind of hurdles you might have to

THIS ARTICLE is the second of several based on a MEDICAL ECONOMICS study of some 500 two- and three-man partnerships. The first, "What Makes a Partnership Click?" appeared in the Dec. 22, 1958, issue.

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### for a direct strike at infection Mysteclin-V contains tetracycline phosphate complex

It provides a direct strike at all tetracycline-susceptible organisms (most pathogenic bacteria, certain rickettsias, certain large viruses, and Endamoeba histolytica).

It provides the new chemical form of the world's most widely prescribed broad spectrum antibiotic.

It provides unsurpassed initial blood levels – higher and faster than older forms of tetracycline – for the most rapid transport of the antibiotic to the site of infection.

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Capsules (250 mg./250,000 u.), bottles of 16 and 100.

Half-strength Capsules (125 mg./125,000 u.), bottles of 16 and 100. Suspension (125 mg./125,000 u. per 5 cc.) 60 cc. bottles.

Pediatric Drops (100 mg./100,000 u. per cc.). 10 cc. dropper bottles.



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### Mysteclin-V contains Mycostatin

It provides the antifungal antibiotic, first tested and clinically confirmed by Squibb, with specific action against Candida (Monilia) albicans.

It acts to prevent the monilial overgrowth which frequently occurs whenever tetracycline or any other broad spectrum antibiotic is used.

It protects your patient against antibiotic-induced intestinal moniliasis and its complications, including vaginal and anogenital moniliasis, even potentially fatal systemic moniliasis.

### **MYSTECLIN-V**

Squibb Tetracycline Phosphate Complex (Sumycin) and Nystatin (Mycostatin)

d

jump if you ever took a partner.

As I've indicated, there are three large areas in which friction can occur: the professional, the business, and the personal aspects of the relationship. Let's look at each of these in turn.

In the professional area, trouble may develop because of competition with other doctors in the locale, because of patients' lack of sympathy with the partnership set-up, or because of disagreements over treatment.

A few partnerships appear to be disturbed by the adverse criticism of local colleagues. Reports a Delaware OB/Gyn. man: "Some physicians who refer patients to us say they strongly dislike sending a patient to our office and not knowing which partner will see the patient."

Adds a Kentucky surgeon: "I believe I get fewer referrals from G.P.s than I would if I were solo. They seem to feel that young solo surgeons need the cases more."

As a result of such situations, there's bound to be some fretting among the partners themselves.

A much greater source of friction, particularly in a new partnership, is the *patient* who resents combined practice. A number of the respondents cite troubles they've had with patients who don't like not knowing which doctor will care for them.

"A junior partner is often looked down upon as an 'assistant,' especially by the senior partner's older patients," says a Virginia internist. A Washington State internist agrees: "It's a blow to the ego of the junior partner when some patients prefer to wait for the senior man."

Although such incidents can cause twinges of professional jealousy, the problem isn't insurmountable. Explains a California OB/Gyn. man: "When our patients make their initial visits, they're told they must henceforth expect to see either partients. There are extremely few patients who aren't satisfied with this arrangement when the advantages of seeing either doctor are explained to them."

Adds a Virginia G.P.: "When we tell patients that only one member of the partnership will be available during off-hours, an occasional patient objects. Our practice is better off without such people."

The third—and greatest—potential irritation in the profesEach 5 provide Triamin (phen phen pyril Dormet HBr)

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### the cough quickly end nasal congestion orally



- Each 5 ml. teaspoonful of TRIAMINICOL provides:
- Triaminic® 25 mg.:
  (phenylpropanolamine HCl 12.5 mg.;
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  pyrilamine maleate 6.25 mg.)

  Dormethan (brand of dextromethorphan HBr) 15 mg.
- In a pleasant-tasting, fruit-flavored, nonalcoholic syrup.

Ammonium chloride ...

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TRIAMINICOL is more than a cough syrup. First, because it contains Triaminic, it decongests nasal passages and exerts its action on all mucous membranes of the respiratory tract—working at the source of the cough.

Triaminicol also acts directly on the cough reflex center. It provides the non-narcotic antitussive, Dormethan, fully as effective as codeine but without codeine's drawbacks. Liquefaction and expulsion of exudates is aided by the classic expectorant action of ammonium chloride.

For these reasons, Triaminicol has become the first choice of the many physicians who prescribe it and patients who have taken it.

Dosage: Adults-2 tsp. 3 or 4 times a day; children 6 to 12-1 tsp. 3 or 4 times a day; children under 6-dosage in proportion.

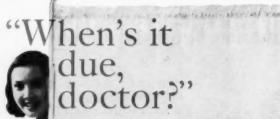
### Triaminicol Syrup

90 mg.



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The date you give her can only be approximate, but the chance that she reaches it can be more certain with a routine of Hesper-C Prenatal from the very beginning of pregnancy.

Hesper-C Prenatal - hesperidin complex and ascorbic acid - maintains the integrity of the decidual capillaries to prevent habitual and spontaneous abortion; and it adds the full benefit of a balanced vitamin-mineral supplementation to these essential capillary-protective factors to widen the margin of safety.

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fere oth face Nev this sional area is disagreement over proper treatment. "There's a difference in our points of view occasioned by the difference in our ages and training," reports a Michigan radiologist. "This can be extremely frustrating, because I'm the junior partner and may be overruled by my partner's 'experience'—which can be a poor criterion."

"There's sometimes poor coordination when doctors alternate cases," a California G.P. suggests. He's heard patients complain: "One doctor tells me one thing, and another tells me another thing."

And a Texas internist says: "The senior partner in our setup is a relic of the 'history and physical exam' days. He prescribes a minimum of medicine, laboratory studies, X-rays, and hospitalization. The junior partner is a product of the 'laboratory school.' He prescribes many tests, much medicine, much hospitalization. Even so, we expect we'll gradually iron things out."

A gradual ironing-out of differences is prescribed by several other respondents who have faced similar problems. And a New York State physician offers this Rx as one sure cure: "Don't take yourself too seriously. Don't assume you're always right."

Friction over business matters seems more prevalent and harder to handle than friction over professional matters. It most often involves fee arrangements, division of income, and the doctors' working relationship with aides.

Disagreements over how much to charge don't seem too common. But they do occur. Thus, a West Coast physician who broke up one partnership and formed another says: "My old partner and I had compatible medical ideas. But economically we were twenty years apart." And a New Jersey pediatrician reports: "Our chief trouble is that my partner is a little more commercial in his outlook than I."

Obviously, there's a good time and a not-so-good time to deal with the fee-setting question. As several doctors point out, it should be fully discussed before the partnership agreement is solidified. This is equally true of the matter of income division.

Disagreements on division of income, however, seem less likely to crop up at the beginning of a partnership than later on. Even when the doctors agree in advance to move gradually toward an even or nearly even split of their partnership income, hostility sometimes arises over the agreed-on arrangement. It can happen this way:

The junior partner begins to feel he's doing more work than he expected to-and more than he's being paid for. On the other hand, the senior partner suspects that the junior wants too much too fast. Comments a Wisconsin pediatrician:

#### 'Juniors Are Impatient'

"Younger men often forget that the bulk of a practice has been built up over many years. They tend to see only the finished product; and they feel they should get a big share of the rewards right off the bat. It helps if we older men simply remember that our juniors are the products of their time-very impatient and just a little greedy."

Junior-senior misunderstandings are also a frequent cause of a third type of business friction: conflict over aides. For instance, some of the younger survey respondents complain that the aides in their offices favor the senior men and do more work

for them. An occasional senior partner maintains that his young colleague is tactless or overdemanding with the help.

#### To Each His Own

Here's how this aspect of the aide problem is about to be settled by two Georgia generalists: "Although it's not in our written agreement, we expect to change our present arrangement. Under the new one, each nurse will be primarily attendant to only one doctor."

The Georgia men may or may not be on the right track. One professional management man says their solution only perpetuates their schism. Whatever solution to the aide problem is agreed upon, it seems clear that the trouble generally boils down to the fact that one girl has two bosses. Since no two men can think and act exactly alike, consider what sometimes happens (as described by a Maryland physician):

"The personnel may talk to one doctor when he's on duty and ask questions and favors about, say, vacations or sickness pay. Then they'll talk to the other doctor, and he may answer them differently. Whereupon the

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#### WHAT CAUSES FRICTION AMONG PARTNERS?

aides may point out the discrepancies. And the doctor won't know whether to retract his words or say his colleague is wrong."

All such irritations can be resolved only by agreement between the partners. And this requires a continual willingness to compromise.

Indeed, the need for frequent compromise is emphasized over and over again by successful doctor-partners. There's no evidence that the surveyed medical men get into many arm-waving arguments. But a fair number of them admit they sometimes ge, a bit weary of not being able to decide matters on their own.

"What's the main disadvantage to partnership practice?" a Virginia internist asks. His answer: "It's lack of complete independence in making decisions about who's to be fired and hired and about what the employes' pay scale will be."

A Texas OB/Gyn. man who practiced solo for sixteen years says his partnership entails "too much consultation about man-



"He said he just wanted to show me how to develop X-ray films."

Author of the classic "Bodily Changes in Pain, Hunger, Fear and Rage," pathfinder in experimental physiology,

(1871-1945) demonstrated conclusively, the effect of emotions on the G.I. tract.

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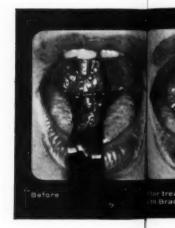
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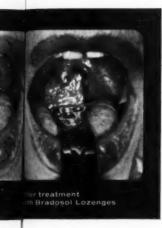


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agement matters. It's as if I've got a second wife."

"In business decisions," adds a Montana internist, "both partners must participate. The result is slower or delayed decisions."

"As a younger partner," says a Pennsylvania surgeon, "I haven't been able to get rid of our very inefficient office girl. Her habits are deplorable. I would have fired her eighteen months ago."

What if you're not willing to follow the lead of the above doctors—to give up swiftness of decision and action in order to have a total sharing of responsibilities? In such an event, you might consider the advice of a Minnesota G.P. who's definitely the senior man among three:

"The most important thing in any agreement is that there must be a boss. There must be someone who has the last and final word. The senior partner must never let go of his prerogatives. They should be put down in black and white."

Finally, even the best of partners can have occasional differences of a personal nature. And so can their wives.

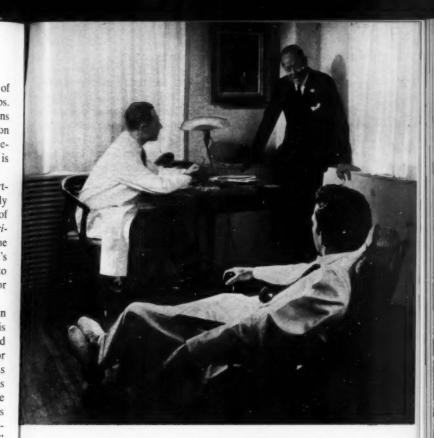
Serious personality clashes

have caused the downfall of otherwise sound partnerships. Many of the queried physicians insist that this is a major reason for having a rather long trial period before any arrangement is made permanent.

But since the surveyed partnerships are almost uniformly flourishing ones, almost none of the respondents mentions serious difficulties in this area. The consensus seems to be that it's up to each man to learn how to live with his partner's minor failings.

Once in a while, a physician will find himself dragged into his partner's personal life or forced to defend the other doctor against his better judgment. As a Kentucky anesthesiologist puts it: "It's always necessary to be on guard to protect the partner's interest, even though it isn't always to one's own advantage."

But what quite a few men say they must chiefly guard against is—you've guessed it—wives. Which is why one experienced doctor advises that no partnership should be cemented "unless its members have thrown their wives into close contact for several days to see how they mix. A wife can make or break a part-



### Doctors, too, like "Premarin"

THE doctor's room in the hospital is used for a variety of reasons. Most any morning, you will find the internist talking with the surgeon, the resident discussing a case with the gynecologist, or the pediatrician in for a cigarette. It's sort of a club, this room, and it's a good place to get the low-down on "Premarin" therapy.

If you listen, you'll learn not only that doctors like "Premarin," but why they like it.

The reasons are fairly simple. Doctors like "Premarin," in the first place, because it really relieves the symptoms of the menopause. It doesn't just mask them it replaces what the patient lacks - natural estrogen. Furthermore, if the patient is suffering from headache, insomnia, and arthritic-like symptoms due to estrogen deficiency, "Premarin" takes care of that, too.

"Premarin," conjugated estrogens (equine), is available as tablets and liquid, and also in combination with meprobamate or methyltestosterone.

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#### WHAT CAUSES FRICTION AMONG PARTNERS?

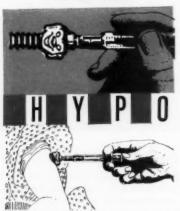
nership, no matter how well adjusted the M.D.s may be."

Some doctor-partners stave off possible wife-feuding by handling the matter the other way around. They keep their social relations with one another at a minimum. Even so, a woman will sometimes claim that her husband is underpaid for the work he's doing.

If she really stirs up a fuss, what do you do? An Alabama G.P. suggests you sit down with your partner and agree on this fundamental rule: "Wives are to be completely barred from having anything to do with the partnership practice."

If such a rule can be agreed upon early in the game, he implies, so much the better. END

### HIDE THE



"It's not so much the injection itself that makes children wail," observes Dr. Dan Gabriel of Pennington Gap, Va. "It's the sight of the hypodermic needle." To hide his hypos, he has designed the "foolie" shown above—a hollow rubber device shaped like a funny-faced man. Whether his "foolie" fools the same patient twice, Dr. Gabriel doesn't say.

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By Ralph J. Seymour

How will the new Congress deal with issues of greatest importance to doctors? Checks with key legislators in both parties give a surprising answer: probably not very differently from the last Congress.

To be sure, the incoming Eighty-sixth Congress has a new political complexion. Most of the new Democrats elected from the North and West are of liberal or New Dealish persuasion. They won't be so reluctant to extend the Government's role as some of their predecessors were.

But politics won't play as much of a part this year as you might think. For one thing, the work of both houses will still be strongly influenced by conservative committee chairmen from the South. For another thing, many legislative proposals of most direct concern to doctors lie beyond the battleground of party ideology and will be handled on their merits.

The most important actions Congress will take on matters affecting the medical profession may not come until 1960. All bills pending when the last Congress adjourned are dead. They must be reintroduced and then go through hearings, committee

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Pyridium relieves urinary tract symptoms of pain, burning, frequency and urgency in less than 30 minutes...is compatible with the antibacterial of your choice...a quick-acting analgesic for instrumentation or while awaiting surgery. Pain relief allows improved **PYRIDIUM** bladder function, reduces pooling of infected urine.



MORRIS PLAINS, N. J.



actions, floor votes, conferences, and the rest before they can become law. All this gives the medical profession time to make its own influence felt.

Pending any changes that result from this, here are the present prospects of eight important legislative proposals:

Federal aid to medical education: An Administration program for Federal grants of \$50,-000,000 to build and equip more facilities at medical schools is likely to pass in 1959. It had a lot of support last session and will probably get more from the new Democrats.

Federally financed hospital care for the aged: The Forand bill would provide sixty days of hospital care and sixty days of



### Doctors in the House

The small band of M.D.s in the House of Representatives is a bit smaller this year. Two of the five medical men in the House

were defeated last November, and only one new M.D. was elected. The newcomer is Dr. Dale Alford, a Little Rock, Ark., surgeon. Running as a segregationist, he defeated the regular Democratic nominee in a spirited write-in campaign.

The two doctors defeated were Rep. A. L. Miller (R., Neb.), who had represented his district since 1943; and Rep. Will E. Neal (R., W. Va.), who served in the Eighty-third as well as the last Congress.

The three doctors winning re-election were Rep. Walter H. Judd, (R., Minn.), first elected in 1942; Rep. Ivor D. Fenton, (R., Pa.), first elected in 1938; and Rep. Thomas E. Morgan, (D., Pa.), first elected in 1944.

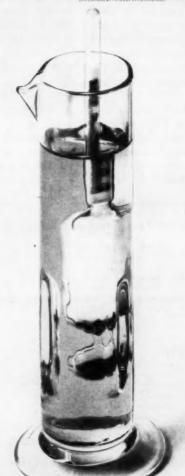
There's an M.D. in the Senate now. Dr. Louise Wenzel, an independent, lost her bid for the seat of Virginia's Senator Harry Byrd. But Dr. Ernest Gruening, a former Governor of Alaska, is now a newly elected Senator from that state.

### IF THE URINALYSIS SHOWS INFECTION:

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#### WHAT THE DEMOCRATIC CONGRESS WILL DO

nursing-home care annually at Government expense for those getting Social Security benefits. They'd also get in-hospital surgical services paid for by Uncle Sam. This measure has undeniable political appeal. But opposition is equally strong, because many lawmakers view it as an opening wedge for socialized medicine.

The bill will come up for a crucial test in 1960—probably not before—and the final vote may be close. The weight of opinion right now is that the program won't pass.

Federal reinsurance of health plans: The scheme of the Administration for a Government fund to reinsure private health policies covering catastrophic illnesses is dead. Commercial companies are expanding their own coverage and just aren't interested. This probably won't even be introduced in 1959.

Federal income tax reductions: Though the Democrats would dearly love to provide some tax relief, better not count on it. Big deficits looming for this and the next fiscal year make cuts almost impossible. More

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Tax deferment for the selfemployed: The Jenkins-Keogh bill got through the House last year and narrowly missed getting through the Senate. It would permit doctors and other self-employed persons to take substantial new income tax deductions for money set aside in retirement funds. It's possible that the new bill along these lines may spend 1959 going through channels, but it looks probable now that the measure will become law by 1960. The big Democratic majorities are out to make good on promises to help small businessmen and professional men.

More medical research facilities: Federal grants for construction of research facilities, now \$30,000,000 annually, will probably be expanded this year. With the fiscal year hardly half over, virtually all the current appropriation has been spent.

More money for Medicare: As part of its economy drive, the Administration will try to block new attempts by Congress to expand the program for private medical care of military dependents. Funds have been cut from \$100,000,000 last year to about \$70,000,000. Some cuts may be restored in the next appropriation, but probably not all as long as the Administration is opposed.

Social Security for self-employed M.D.s: Congress will stand by its policy of extending coverage to only those professional men who clearly say they want it. So self-employed M.D.s won't be included in 1959 or 1960 unless medical organizations flash a green light.

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Faint but clear were the words of the supposedly comatose patient: "Mine, too!" —CONNIE RYAN, R.N.



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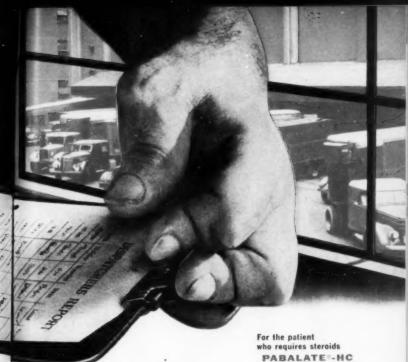
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<sup>1</sup>Clinical and Blood Chemical Studies with Ascriptin. Feinblatt, T.M., et al. N.Y. State J. Med. 58:697, March 1, 1958.

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# A.M.A. Warms Toward

# **CLOSED-PANEL**

# **Plans**

Here's the inside story on the prospect that medicine will soft-pedal free choice of M.D. and make peace with the United Mine Workers, Kaiser, and H.I.P.

By Lois R. Chevalier

Free choice of physician isn't always necessary for good quality medical care!

That's the finding of a fifteenman A.M.A. commission, \* headed by Dr. Leonard Larson. And within the next six months a majority of medicine's policymakers may be saying the same thing. If and when they do, they'll complete one of the most drastic reversals in policy that the A.M.A. has ever experienced.

For three and a half years now, the A.M.A.'s Commission on Medical Care Plans has been studying all kinds of prepayment systems. A subcommittee of the group took up miscellaneous di-

<sup>\*</sup>Other doctor-members are David B. Allman, H. Russell Brown, John F. Conway, F. J. Elias, E. J. Faulkner, Percy E. Hopkins, H. Gordon MacLean, J. D. McCarthy, Homer L. Pearson, Leo Price, James R. Reuling, William P. Shepard, and Norman A. Welch. Jay C. Ketchum, executive vice president of Michigan Blue Shield, is the committee's only lay member.



three-way mechanism of action

in one molecule

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Peiser<sup>2</sup> states that even extremely strong convulsive abdominal pain and violent vomiting could be eliminated or substantially improved, and no unpleasant side effects or toxic reactions were noted at any time,

- 1. Berndt, R.: Arzneimittel-Forsch. 5 711 (Dec.) 1955.
- 2. Peiser, U.: Med. Klin. 50 1479 (Sept. 2) 1955.
- 3. Wimer, H.: Medizinische, p. 1206 (Aug 27) 1955.

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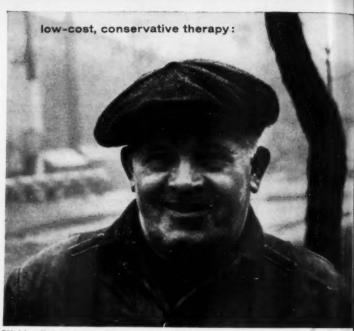
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1. Brusch, C.A., et al.: Md. State Med. J. 5:36, 1956.

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#### CLOSED-PANEL PLANS

ect-service plans (consumer coops, labor plans, H.I.P., Kaiser, etc.). Their findings caused plenty of astonished talk at the A.M.A. meeting in Minneapolis last month.

What's behind the subcommittee's tolerant attitude toward closed-panel plans? To find out, I hunted up some of the committee members. I found three of them in the hospitality room where doctors from the North Central states had invited their friends to wash down a slice of buffalo meat with their drinks. Dr. H. Russell Brown of Watertown, S.D., and Dr. John F. Conway of Clovis, N.M., agreed b leave the party and tell me a NLES little about their work on the rtion commission. So did Dr. Leo Price, director of the International Ladies' Garment Workers' Union Health Center in New York.

emia The first two men are private fort. practitioners. Dr. Brown is head of a clinic, a surgeon with five phy partners. He's been an A.M.A. delegate and has served as presocal GAY ident of his state association. Dr. Conway is another surgeon who practices with one partner. He's also past president of his state association and has been an A.M.A. delegate. . 17

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said. practitients getting choice

Conw a lot think reach "W said. "You two men in private practice have concluded that patients in closed-panel plans are getting good care without free choice of physician?"

"That's true," answered Dr. Conway, an articulate man with a lot of nervous energy. "But I think you should know how we reached that conclusion.

"We started out with some serious questions about closed-panel practice. To be quite frank, we were against it. In fact—I may as well say it—I'm a Republican and I was ready to clobber 'em."

"Just a minute, John," interrupted Dr. Brown. "Let's just say panel practice is different from what we were used to and what we believed in."

They both smiled. Dr. Conway went on.

"We did an enormous amount

# The A.M.A. Commission urges tolerance toward closed-panel plans

 Closed-panel plans are lawful, either as corporations, partnerships, associations, or trusts, in many states.

Medical societies may be on dangerous legal grounds if they refuse membership to physicians or discipline them for working with closed panels.

Organized medicine has always acknowledged some limitations on free choice of physician.

4. Panel plans are providing "broader and more comprehensive benefits" to their subscribers, often at lower cost, than most other prepayment mechanisms.

5. Absence of free choice doesn't necessarily result in inferior care. The panel plans investigated have well-qualified doctors who are not too overworked to give good care. In fact, "medical care for many persons in the low-income groups now covered by these plans has improved."



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Dear Doctor:

Dr. Perrin H. Long, at a recent meeting of the New York Academy of Sciences, pointed out that different antibacterial substances can "exercise 3. Spetheir detrimental effect on different systems in the bacterial cell. " For this reason he believes that with concurrent use of an antibiotic and a chemotherapeutic agent "one should achieve minimally an additive therapeutic effect. "\*

Besides its advantages as a single antibacterial of choice, MADRIBON, which exerts its antibacterial effects by action on systems other than those affected by penicillin and the broad spectrums, can be efficiently used for conjoint therapy. For example: in the oral follow-up to penicillin injections, Madribon is superior because it is not antagonistic to penicillin or vice versa.

Furthermore, Dr. Long stresses the importance of the chemotherapeutic approach "in the treatment of infections, the causative organisms of which have proved to be resistant to the therapeutic effects of antibiotics."

In this respect it is interesting to note Madribon's reported success. Typical are such reports as Townsend and Borgstedt, who note that some penicillin-resistant infections (including staphylococcal and streptococcal) responded to Madribon; also the report of Leff, who records Madribon's control of a series of infections intractable to a most remarkably wide range of antibacterials.

As you may have noted, more and more reports on Madribon are establishing a whole series of new standards of efficiency in addition to the recognized efficacy of modern antibacterial therapy. For your patients, Madribon

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ranslates these new standards into a series fnew clinical benefits:

- The widest range of bacterial infections, particularly those of the respiratory tract, can be efficiently controlled with
- Known "penicillin reactors," known "broadspectrum reactors," and some "resistant
  bacterial infections" may now be efficiently
  tackled with a new, better tolerated and
  highly effective switches 2. Known "penicillin reactors," known "broadhighly effective antibacterial.

3. Special dosage situations (as in pediatric practice) and conjoint use with other medications are most easily handled with new high-potency, low-dosage, high-tolerance Madribon.

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Sincerely.

S. Evert Svenson, M.D. Director of Medical Services

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- I. S. Ross, J. R. Puig and E. A. Zaremba, Paper read at the Sixth Annual Symposium on Antibiotics. Washington, D. C., October 15-17, 1958.
- 2. E. H. Townsend and A. Borgstedt, Paper read at the Sixth Annual Symposium on Antibiotics, Washington, D. C., October 15-17, 1958.
- W. P. Boger. Paper read at the Sixth Annual Symposium on Antibiotics. Washington, D. C., October 15-17, 1958. 4. W. A. Leff, Paper read at the New Jersey Chapter of
- the American Federation for Clinical Research. East Orange, N. J., September 17, 1958. 5. B. A. Koechlin, W. Kern and R. Engelberg.

  - 6. R. J. Schmitzer, W. F. DeLorenzo, E. Grønberg and R. Russomanno, Prec. Soc. Exper. Biol. & Med., in press.
  - 7. O. Brandman, C. Oyer, R. Engelberg and L. O. Randali,
- J. M. Soc. New Jersey, in press.

MADRIBONT.M. (2.4-dimethoxy-6 tulfanilamido-1,3-diazine) ROCHE-Reg. U. S. Pat. Off. of research. We gathered facts and statistics, all we could from published sources."

"Then we sent out questionnaires to all the known panel plans," Dr. Brown continued. "The returns were tabulated and analyzed. And when all that was done, we realized that we still didn't have a basis for judgment about the ethical and professional considerations that are the key to the whole question."

"So we hit the road," Dr. Conway continued. "We went to ten different cities where nineteen of the largest panel plans operate. We called first on the medical societies in those communities. We got their slant.

"Then we went to see the panel plans in operation. We talked

# The A.M.A. Commission has reservations about closed-panel plans

 Some panel plans have embarked on their programs "without prior consultation with local medical societies."

2. Many panel plans say they furnish "prepaid comprehensive medical care" when actually they make numerous additional charges.

3. Many plans claim that their patients are getting more "preventive medicine" than patients of private doctors. Such "claims have been exaggerated by many plans."

4. The majority of the plans studied do not have medical representation on their policymaking boards. "The threat of lay interference is ever present" even though the Commission did not observe it in the plans visited.

5. While panel medicine has its place, it would be unfortunate if it became the only way for doctors to practice. Many talented persons wouldn't go into medicine if they couldn't have individual freedom.

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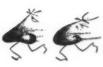
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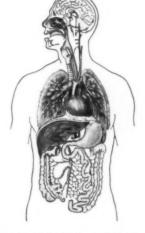
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# running noses



Oral nasal decongestion is more effective . . . reaches all nasal and paranasal tissues systemically\*

- prompt and prolonged relief because of the special "timed release" design
- safer and more effective than nose drops, sprays or inhalants
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The special design of the Triaminic timed-release tablet provides

Designed for prompt and prolonged relief in colds, sinusitis, nasal allergies and postnasal drip. Provides superior decongestant action with a pharmacologically balanced combination of orally effective phenylpropanolamine HCl, pheniramine maleate and pyrilamine maleate.

\*Lhotka, F. M.: Illinois M. J. 112:259 (Dec.) 1957. Fibricant, N. D.: E. E. N. T. Monthly 37:400 (July) 1958. Farmer, D. F.: Clin. Med. 5:1183 (Sept.) 1958.



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> then-3 to 4 more hours of relief from

# timed-release

Also available as half-dose, timed-release Juvelets and, for those patients who prefer liquid medication, as Triaminic Syrup

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†Lhotka, F. M.: Illinois M. J. 112;259 (Dec.) 1957. Fabricant, N. D.: E. E. N. T. Monthly 37:460 (July) 1958. Farmer, D. F.: Clin. Med. 5:1183 (Sept.) 1958.

6 to 8 hours of relief from a single tablet t.i.d. because of this special timed-release design . . .



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#### CLOSED-PANEL PLANS

to the panel doctors. In most instances, we were given the run of the place. I'd drop behind every now and then and pick up a chart and read it or talk to a patient. Nobody tried to hide anything from us."

"John says we had preconceived ideas," Dr. Brown said thoughtfully. "And that's true. But we made up our minds to reserve judgment until we had the facts. So we put our personal feelings on ice and made up our minds to be objective. The whole project would have been ridiculous unless we'd been willing to

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abide by the facts as we found them. One fact is that the doctors in panel practice are practicing good medicine."

"I wouldn't have believed it if I hadn't seen it," Dr. Conway shrugged. "But seeing is believing.

"That doesn't mean we think panel medicine is in any way better than traditional practice," Dr. Conway added. "We don't. We believe that under ideal circumstances free choice would provide the best care."

"What do you mean, 'ideal circumstances'?" I asked.

Dr. Conway raised an expressive eyebrow. "You know what I mean," he answered. "Ideal circumstances would be where all doctors were equally competent to do everything."

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Dr. Leo Price, the union health center director, who'd been silent up to now, leaned forward.

"Free choice is of unquestionable importance," he said earnestly. "It's a necessary element in the art of medicine. And patients served by these plans are happier and more cooperative with their doctors if they can tie

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to some individual doctor on that panel."

I looked up from my notebook. "Each of you is giving the other fellow's lines. I have to watch your faces to see which of you is talking."

They all laughed. "That's the whole point," said one of them. "When we started out, we had diametrically opposing views. Gradually, over the past three years of working together, we've rubbed off our rough spots on each other. Now it doesn't make much difference whether an A.M.A. delegate or a union health center man answers. We think the same way."

"And what about Dr. F. J. Elias, the fourth man of your subcommittee?" I asked.

"He's about like the rest of us," answered Dr. Conway. "He's a G.P. who's done some industrial practice too. Actually, he's been sued by a consumer co-op plan-or his medical society was. He had some deep feelings too. But he's come to the same conclusions the rest of us have. After all, we all went through the same experiences. It was an education."



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#### After the dance... nasal congestion?

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In those areas where farm work must take precedence over everything else, dances are usually held during the late fall and winter season. Cider and doughnuts are an important part of an old-fashioned barn dance, but there are other addenda. Draughty barns, overheated bodies, and walks in the crisp air to "take a breather" or to study the moon with one's partner—ail involve attendant hazards, not the least of which is nasal congestion.

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#### CLOSED-PANEL PLANS

"Most of your colleagues in private practice have not had this close-range observation of closed-panel practice. They're not going to be with you," I ventured.

"Maybe not at first," Dr. Brown admitted. "But we've done our job. We've reported the facts. They're on the record. Eventually other doctors will have to come out the same place we have, because no other position is tenable."

"How do you figure that?" I asked.

"It's a simple problem in reasoning. These plans exist. They aren't illegal. It is illegal for doctors to punish other doctors for working with them. The only justifiable basis of attack on them would be that they provide poorquality care. And that accusation simply isn't true—at least not of the ones we saw. Therefore, we'd better turn our attention to how to live in peace with them."

"You've put it very succinctly, Dr. Brown," I said.

"Well, I probably oversimplified it," he answered judiciously. "You'd better stick to the language of the report."

I couldn't help smiling. "The language of the report suggests that it was written by fifteen men from Mars. The most startling

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conclusions and the most obvious ones are reported in the same monotone. The delegates are all saying they can't understand what it means."

The three doctors exchanged amused glances.

"We chose our words with care," Dr. Brown replied. "We're not making a case. All we've done is report the facts."

"The delegates are arguing that action should be deferred for six months on grounds that the report requires so much study," I said.

"Yes, we've talked with some physicians who can't reconcile themselves to our findings," said Dr. Brown.

"Basically, these doctors want the right thing," Dr. Conway went on. "They want the best care for the patient. They're reasonable men. But they've got themselves lined up on the wrong side. They're fighting on behalf of some pretty poor practitioners whose standards they wouldn't personally accept for a minute. None of us should allow that small percentage of incompetent or unscrupulous doctors to prevent us from working with other reasonable people who want the same things we do.

"Take Leo Price here. He's a doctor first and a union man second. As doctors, we've got the same ideas about what constitutes good medicine. We've got no quarrel with each other."

"Because we know each other," added Dr. Price. "But I'll wager that most A.M.A. delegates have never been in a union health center."

"That really doesn't enter into it," Dr. Brown concluded. "The question will be decided on the facts. We put them in our report. The job is done. The rest is up to the country's physicians."

#### **Opinion Is Divided**

As I circulated around among the country's physicians at the A.M.A. meeting, I found a variety of opinion. Some doctors who are in the midst of controversies with the United Mine Workers Fund were angry with the report.

"It makes us look as if we're chasing our tails," said an Illinois man.

"The unions will use it against us," a Colorado doctor argued bitterly.

"We need a fighting report, not all this legalistic language," said another Illinois man.

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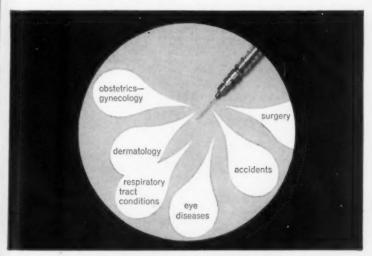
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Surveys of in vitro performance of various antibiotics over the past several years indicate a definite decrease in activity against the staphylococcus. L2 CHLOROMYCETIN, however, continues to demonstrate a high degree of potency against this stubborn pathogen. L4 Even the strains responsible for hospital-acquired staphylococcal infections, which are resistant to most other antibiotics, may be sensitive to CHLOROMYCETIN. L8-9 For this reason, it has been recommended for immediate use in suspected staphylococcal infections in infants, their mothers, and in surgical patients. L9

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REFERENCES (1) History, W.J., & Scott, E. G.: Delaware M.J. 30:175, 1958. (2) Roy, T. E., et al.: Conad. M.A.J. 77:544, 1957. (3) Maxkharo, N. E., & Shott, H. C. W.: New Zealand M. J. 57:55, 1958. (4) Royer, A., in Welch, H., & Maxti-Ibañez, E. Antibiotics Annual 1957-1958, New York, Medical Encyclopedia, Inc., 1958, p. 783. (5) Blair, J. & Carr, M.: J.A.M.A. 166:1193, 1958. (6) Caswell, H. T., et al.: Surg., Gynce. & Obst. 166:1, 1958. (7) Fekety, F. B., et al.: Am. J. Pub. Health 43:298, 1953. (8) Godfrey, M. E., & Smith, I. M.: J.A.M.A. 166:1197, 1958. (9) Kessler, A. D., & Scott, R. B.; J. Dis. Child, 68:294, 1953. (10) Shaffer, T. E.: J. Michigan M. Soc. 57:853, 1958.

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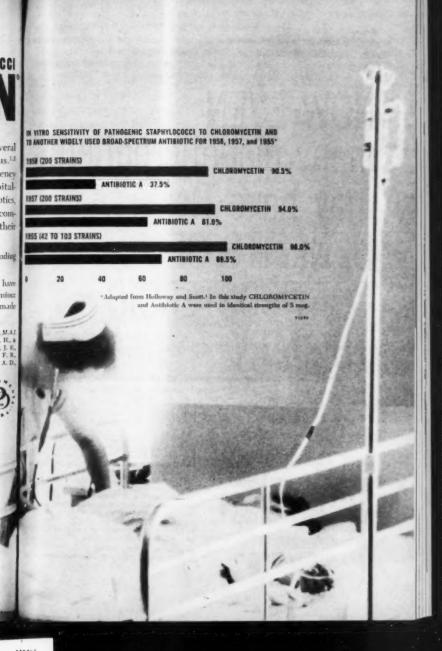


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battle it out on the floor of the House of Delegates. All they asked for was time to take the report home and get reactions from their colleagues. And the six months' delay was granted.

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Some observers thought this delaying tactic showed that the opposition wasn't confident about voting down the report. This may have been a justified assumption. For the House did accept, without a murmur, a report from the Council on Medical Service that called for a "reassessment of some of the medical profession's previous policy statements and attitudes toward [closed-panel] plans."

#### Virtual Approval

Furthermore, the presidential address of Dr. Gunnar Gundersen came close to endorsing the report. He said:

"The time has passed for policies based on generalities, platitudes, and flag-waving. The time has passed for medical crankiness, complaint, arrogance, and pigheadedness—wherever they might exist. The time has passed when we can fight our battles simply by quoting George Washington, Thomas Jefferson, and the rest of the founding fathers.

"We need a clear definitive policy regarding medicine's relations with so-called third parties. I hope that it will come out of the long-awaited report of the A.M.A. Commission on Medical Care Plans... which urges 'a judicious, tolerant, and progressive attitude toward developments in the medical care field'..."

Another A.M.A. insider put it more bluntly. He said: "Don't ever forget that the U.S. Supreme Court once upheld a criminal conviction of the A.M.A. for violation of the antitrust law. The A.M.A. trustees are never going to let that happen again. If you look back over the last few years, you'll observe that they haven't been backing any of these wild men in the state associations. Those fellows are fighting a losing battle against closed-panel plans.

"Medicine's got to make peace with labor and with all kinds of adequate prepayment plans. The alternative is government compulsion."

Minneapolis newspapermen labeled last month's A.M.A. session "a landmark" in American medical history. Discounting a little for local pride, it could be that they were right.

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...makes Orinase a
true euglycemic agent

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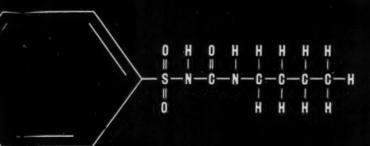
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The significant difference between Orinase and all other antidiabetes agents is that there is virtually no danger of hypoglycemic reactions as a result of Orinase therapy, regardless of dosage.

A logical explanation is that Orinase's exclusive methyl group in the para position serves as a "governor" to prevent hypoglycemia by facilitating the rapid inactivation of the molecule in the body. There is no *cumulative* effect.

The result is that Orinase lowers the blood sugar in responsive diabetics to normal levels, but almost never beyond that point. In other words, Orinase is a true euglycemic agent, in contradistinction to the others, which actually are hypoglycemic agents.

This unique margin of safety is especially important in the patient requiring insulin, because Orinase, superimposed on his insulin dosage, constitutes no added danger of hypoglycemia. This makes it feasible for you to smooth out the "peaks and valleys" of erratic blood sugar levels... to "stabilize" a surprising percentage of labile diabetics.

The Upjohn Company, Kalamazoo, Michigan

Upjohn

a

## Retain Move of Your Earnings

Continued from 92

magic about the method. It's one you can apply for yourself. Indeed, it can't really be applied by anyone except yourself.

A management man can help you get started; he can check every few months on your progress; he can supply money management aids like the accompanying charts. But when you come right down to it, the following five steps toward sensible spending are all steps that you have to take:

# 1. Find out where your family's money went last year.

I don't mean you have to trace every last dollar. Begin with the biggest personal expense items that show up on your checkbook stubs: the income tax installments, the life insurance premiums, the monthly mortgage or rent payments on your home.

As you scan the stubs, look for other items that can be classified as big, fixed commitments. Look too for checkbook evidence of savings—money socked away in stocks, bonds, or savings bank accounts during 1958.

Now total up all such major outlays. Subtract the sum from your total net income for the year. You're left with a figure that represents spendable income—"Balance remaining for self and home," as it's called on the accompanying charts.

#### Once you've identified your big, fixed commitments, estimate them for 1959. Then set about separating them from your family's spendable income.

Consider taxes first. They'll amount to 10 to 20 per cent of your gross earnings. That means \$1 or \$2 of every \$10 patients pay you belongs to Uncle Sam from the moment you receive it. You're merely his escrow agent.

Deposit all these committed funds in your professional checking account. See that they stay there until your next tax installment comes due. Or, if Uncle Sam's share seems hard to hold on to, set up a separate savings account. Every time your aide banks your practice receipts, have her earmark 10 or 20 per cent of the total for this tax reserve.

Go down your list of fixed commitments and see which others are big enough to require trialsthan 3,280

AS F

"prob better group include 91% succes

SUPPI 250 r New vored

New vored plast

# Cosa-Signemycin\*

increases the certainty of safe, rapid response

AS PROVED BY extensive clinical trials—an over-all success rate of more than 94% was achieved in a total of 3.280 cases.†

AS PROVED BY effectiveness in "problem infections"—a response rate better than 96% was recorded in a group of 221 gastrointestinal infections including chronic intestinal amebiasis; 91% of 465 urogenital infections were successfully controlled.†

AS PROVED BY success in mixed infections—more than 95% of 1,000 acute and chronic respiratory tract infections were successfully treated; a 99% cure rate was achieved in mixed bacterial pneumonias.†

AS PROVED BY excellent safety record—extremely well tolerated; discontinuance of medication was necessary in only 11 of 3,820 patients.†

A significant number of the above cases had not responded to other antibiotics.

Cosa-Signemycin is particularly valuable in home and office, where susceptibility testing is difficult or impractical.

SUPPLY: Capsules (green and white), 250 mg. and 125 mg.

New Oral Suspension (raspberry-flavored), 2 oz. bottle, 125 mg. per teaspoonful (5cc.).

<u>New Pediatric Drops</u> (raspberry-flavored), 10 cc. bottle, 5 mg. per drop, plastic calibrated dropper.

Average dosage: For adults, 1-2 Gm. daily in divided doses; proportionately less for children, depending on age, weight, and severity of infection.

<sup>†</sup>Literature and bibliography available on request.

\* Trademark

Pfizer Science for the world's well-being

PFIZER LABORATORIES.
Division, Chas. Pfizer & Co., Inc.
Brooklyn 6, N.Y.

MEDICAL ECONOMICS - JANUARY 5, 1959 211

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reserve accounts. Life insurance premiums often are—and some banks will pay them for you automatically, debiting your account. If you want to set aside funds for new capital assets, you can do so in a "Depreciation reserve" or "Automobile reserve" account.

Whatever you do, keep your committed funds out of your family checking account.

 Now refigure your family's spendable income for 1959.
 Count only what's left after subtracting all major commitments from your projected total net income.

Take a good look at this 1959 "Balance remaining for self and

home." It's got to cover food, clothing, home maintenance, and all sorts of personal spending—your own as well as your wife's.

You'll find it easiest to live with if you divide the annual figure by 12, then transfer that much every month from your professional checking account to your family checking account. Draw all personal funds from the latter. And watch the balance! When it's gone, there's no more till next month.

4. Make your wife the manager of this spendable income—and help her hold such spending down to last year's level.

No family spending plan can succeed without the wife's full

## FORM CHART FOR FAMILY SPENDING

Professional Business Management, Chicago, made a study of 100 doctors' spending in 1957. Here are the averages:

#### AVERAGE OUTLAYS FOR:

		*	Self &	
Net Income Bracket	Income Tax	Life Insurance	Home	Savings & Investments
\$10,000-20,000	\$2,454	\$1,470	\$8,435	\$2,668
20,000-30,000	4,968	1,612	11,938	4,432
30,000-40,000	8,848	2,441	13,428	3,759
40,000-50,000	13,676	2,667	16,956	4,342

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maker)

problem: Anginal attacks and low exercise tolerance left her with chores undone, family relationships disrupted.

solution: Peritrate (20 mg.) substantially reduced attacks, improved exercise tolerance. Peritrate with Nitroglycerin, p.r.n., takes Nitroglycerin, p.r.n., takes care of occasional "anginal breakthrough," relieves the acute attack, provides additional Peritrate for increased protection.

patient: Mary M. (home- patient: Sam L. (salesman) problem: Despite increased ni-

troglycerin intake (10-15 tablets per day), attacks were becoming more frequent, more severe.

solution: Peritrate (20 mg.) q.l.d. reduced the number and severity of attacks and the need for nitroglycerin, except in special stress situations, e.g., sales, inventory, complaint days. For these occasions, he carries sublingual Peritrate with Nitroglycerin to relieve the acute attack, and provide additional Peritrate for more protection.

patient: Adam J. (lawyer) problem: Fear of attacks was forcing him into semiretirement.

solution: Peritrate (20 mg.) all but eliminated attacks, restored faith in ability to work without serious consequences. Patient carries Peritrate with Nitroglycerin as companion therapy for stress situations: Trial days, irate clients, prolonged proceedings.



pentaerythritol tetranitrate)

Patient J. I.

Duodenal Ulcer

before PATHIBAMATE

# PATHIEA

[Lederle]

LEDERLE LABORATORIES DIVISION, AMERICANAN

Trademark

Registered Trademark for Tridihexethyl lodide Lederle

Sollowing PATHIBAMATE

aig: 1 tab. t.i.d. and

2 tabs. at bedtime

... calms tension and controls G. I. trauma

## AMATE

Meprobamate with PATHILON Lederle

NO NAMID COMPANY, PEARL RIVER, NEW YORK

#### RETAIN MORE OF YOUR EARNINGS

cooperation. The best way to get it is to put her in charge. She may well have this responsibility anyway after your death. It makes sense to help her become a good money manager while you're still around.

### Simplify It for Her

How can you help her most? By arranging your major commitments so that the "Balance remaining for self and home" is about the same as last year's.

Dr. C, remember, got into trouble because he cut back his family's living allowance unreasonably. It's painful for any family to reduce its standard of living. The first thing I told Dr. C was: "A deficit budget that seems reasonable to your wife is better than a balanced budget that doesn't. If you can freeze your family's standard of living at the present level, you'll come out ahead over the next few years."

Note that last point carefully. It's generally true because most medical incomes are rising. Across the country, they've been rising at the rate of 5.5 per cent a year, MEDICAL ECONOMICS



Hankscraft vaporizers have long been popular for the effective treatment of respiratory ailments. Their new, vastly improved design incorporates the latest advancements in automatic steam vaporization. Simplicity of construction assures trouble-free, completely safe performance. Gallon capacity — delivers steady flow of healthful steam all night on one filling, then shuts off automatically when water is gone. No complicated parts — easy to clean — approved by Underwriters' Laboratories.

Model 202-A......\$6.95 retail Other models \$3.95 to \$12.95

Write today for a free supply of instruction booklets for your patients

HANKSCRAFT COMPANY • Reedsburg, Wisconsin America's leading line of automatic vaporizers, sterilizers, bottle warmers

216 MEDICAL ECONOMICS . JANUARY 5, 1959

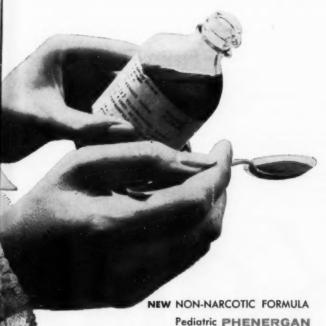
## quiets the cough and calms the patient...

**Expectorant action** Antihistaminic action Sedative action Topical anesthetic action

## PHENERGAN® **EXPECTORANT**

Promethazine Expectorant, Wyeth with Codeine Plain (without Codeine) Philadelphia 1, Fa.





**EXPECTORANT** 

with Dextromethorphan\*, Wyeth



CONFORMS TO CODE FOR ADVERTISING

\*Dextromethorphan for an antitussive action equivalent to that of codeine without codeine's side-effects

etail 2.95

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# announcing a new topically superior ant

now available for topical application in dermatotherapy

Kenalog (triamcinolone acetonide) is a new synthetic corticoid compound with powerful anti-inflammatory and antipruritic action. Developed by the Squibb Institute for Medical Research, and evaluated during preliminary clinical trials in over 1,000 patients, Kenalog used topically has demonstrated its greater effectiveness in controlling most common dermatoses. Symptoms of itching and burning are dramatically relieved after topical application of Kenalog. A superior agent for both acute and chronic dermatoses, its greater anti-inflammatory action is most clearly apparent in the treatment of chronic, therapeutically refractory conditions, such as chronic eczematous dermatitis. Complete resolution is often obtained with Kenalog where other topically applied steroids have failed.

Kenalog in ointment, cream or lotion form may be used for treatment of a wide variety of dermatoses including:

Atopic dermatitis Contact dermatitis Eczematous dermatitis Neurodermatitis

Seborrheic dermatitis Insect bites Pruritus ani Pruritus vulvae Lichen simplex chronicus Exfoliative dermatitis Stasis dermatitis Nummular eczema

Kena

SQUIBB



Squibb Quality - the Priceless Ingredient

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## anti-inflammatory steroid

Kenalog safely and effectively provides for prompt symptomatic relief as well as control of many common dermatologic disorders.1-7

In double-blind tests in 309 patients comparing 0.1% Kenalog and 1.0% hydrocortisone, Kenalog exhibited superior anti-inflammatory, antiallergic and antipruritic activity.

Investigator	Total Cases	Kenalog Superior	Hydro- cortisone Superior	Neither Effective	Equally Effective
Goodman <sup>3</sup>	50	32	3		15
Smith et al.4	109	75	3	3	28
Fitzpatrick et al.5	120	61	5		54
Lerner <sup>6</sup>	30	20	4	1	5
	309	188	15	4	102

Kenalog is extremely well tolerated locally. No systemic toxicity has been observed in clinical studies, published and in progress, involving over 1,000 patients. 1,3 Metabolic studies show that there is no electrolyte disturbance when Kenalog is applied topically. 1,4,5

- . Reports to the Squibb Institute for Medical Research. Howell, C. M.: Squibb Clinical Research Notes 1:5 (Oct.) 1958.
- 3. Goodman, J. J.: Ibid. p. 1. 4. Smith, J. G.; Zawisza, R. J., and Blank, H.: Ibid. p. 6. 5. Fitzpatrick, T.; Crowe, F. W., and Walker, S. A.:

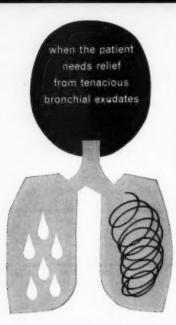
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- bid. p. 12. 6. Lerner, A. B.: Ibid. p. 2. 7. Robinson, R. C. V.: Bull. School of Med., U. Maryland 43:54 (July) 1958
- Kenalog cream, 0.1% 5 Gm. and 15 Gm. tubes.
- Kenalog lotion, 0.1% 15 cc. plastic
- squeeze bottles.
- Kenalog ointment, 0.1% 5 Gm. and 15 Gm. tubes.

CH<sub>2</sub>OH C=0 -0 C CH3 16a, 17a-isopropylidene diexy: A-1-hydrocertisone Triamcinolone Acetonide REMALOS IS A SQUISS ERADEHARK



## Novahist EXPECTORANT

combines the decongestive effects of Novahistine and the cough-control action of dihydrocodeinone with the liquefying, expectorant action of ammonium chloride.

#### Each 5 cc. teaspoonful contains:

Encur o con receptormen communer	
Phenylephrine hydrochloride 10.0	mg.
Prophenpyridamine maleate 12.5	mg.
Dihydrocodeinone bitartrate 1.66	mg.
Ammonium chloride135.0	mg.
Sodium citrate 84.5	mg.
Chloroform (approx.) 13.5	mg.
[-Menthol	mg.
(Alcohol 5%)	

Dosage: Adults-2 teaspoonfuls, three or four times daily. Children-1/2 the adult dose. Infants-1/4 to 1/2 teaspoonful, three or four times a day.

Supplied in pint and gallon bottles.



PITMAN-MOORE COMPANY DIVISION OF ALLIED LABORATORIES, INC. INDIANAPOLIS 6, INDIANA

#### RETAIN MORE EARNINGS

tells us. They're still rising 5 to 10 per cent a year, in my observation. So if you can hold the line on family living expenses. you'll soon have a surplus that you don't have now.

Here, then, is the real key to retaining more of your income:

5. As your earnings rise above this year's expense estimates, channel all uncommitted new funds into investments and savings.

This is the goal of any sensible spending plan. Drs. A, B, and C are working toward it right now. And if you need any further incentive for doing the same, consider the ten-year financial history of Dr. D:

In 1948, when Dr. D resumed suburban practice after four years in the Navy, he netted \$16,510 and spent everything he earned. But he established a standard of living that suited him and his wife pretty well. He resolved to freeze it at that level, if he could, and to put any future surplus into long-term investments.

For the next nine years, Dr. D and his wife held their family living expenses below \$11,000 annually-well below at first, just below later on.

At the start, all the rest of

AVER 5827

Each

220 MEDICAL ECONOMICS · JANUARY 5, 1959

# PMB-200

## "Premarin" with Meprobamate

Each tablet contains 0.4 mg. "Premarin," 200 mg. meprobamate.



AYERST LABORATORIES

NEW YORK 16, N. Y.

MONTREAL, CANADA

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"Premarin" s conjugated estrogens (equine)

Meprobamate, licensed under U.S. Pat. No. 2,724,720

R Capsules / Oral Suspension

\* designed for superior control of common Gram-positive infections

in the

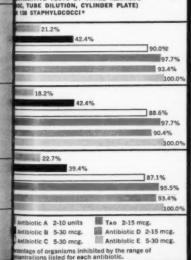
patient:

95% effective in published cases1-6

Conditions treated	No. of Patients	Cured	Improved	Failure
ALL INFECTIONS	558	448	88	30
Respiratory infections	258	898	31	19
Pharyngitis and/or tonsillitis	65	58	5	2
Pneumonia Infectious asthma	90	1 5 C S S S S S S S S S S S S S S S S S S	17	
Otitis media	31		2	200
Other respiratory (bronchitis, bronchiolitis, bronchiectasis, pneumonitis, laryngotracheitis, strep throat)	28	17	7	
Skin and soft tissue infections	230	191	38	1
Infected wounds, incisions and lacerations	41	- m 1		100
Abscesses	51	43		
Furunculosis	58	51	6	- 1
Acne, pustular	43	20	15	-59
Pyoderma Other skin and soft tissue	19	19	-	0
(infected burns, cellulitis, Impetigo, ulcers, others)				
Genitourinary Infections	28	10	3	
Acute pyelitis and cystitis Urethritis with gonorrhea or cystitis	10		2	0.4
Pyelonephritis  Pyelonephritis	8			7
Salpingitis	5		1	3
Pelvic Inflammation with endometriosis	1	1	-	
Miscellaneous	42	- M 5		- 4
(adenitis, enteritis, enterocolitis, subacute bacterial endocarditis, fever,		· · · ·		11 13
hematoma, staphylococcus carriers,			-	100
osteomyelitis, tenosynovitis, septic		1315		Contract of the Contract of th
arthritis, acute bursitis, periarthritis)		STALL ST		100 300

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tive er 90% effective ainst resistant staph ure MARATIVE TESTS BY THREE METHODS



Other Tao advantages:

Rapidly absorbed - stable in gastric acid,? TAO needs no retarding protective coating

Low in texicity – freedom from side effects in 96% of patients treated; cessation of therapy is rarely required

Highly palatable - "practically tasteless"? active ingredient in a pleasant cherry-flavored medium.

Dosage and Administration: Dosage varies according to the severity of the infection. For adults, the average dose is 250 mg, q.i.d.; to 500 mg, q.i.d. in more severe infections. For children 8 months to 8 years, a daily dose of approximately 30 mg./Kg. body weight in divided doses has been found effective. Since TAO is therapeutically stable in gastric acid, it may be administered without regard to

Supplied: TAO Capsules - 250 mg. and 125 mg., bottles of 60. TAO for Oral Suspension - 1.5 Gm., 125 mg. per teaspoonful (5 cc.) when reconsti-tuted; unusually palatable cherry flavor; 2 oz. bottle.

#### Tao dosage forms for specific clinical situations

Tap Pediatric Drops

For children - flavorful, easy to administer.

Supplied: When reconstituted, 100 mg, per cc. Special calibrated droppers-5 drops (approx. 25 mg, of TAO) and 10 drops (approx. 25 mg, of TAO). 10 cc. bottle.

TAO-AC (YAO analgesic, antihistaminic com

To eradicate pain and physical discomfort in respiratory disorders.

Supplied: In bottles of 36 capsules.

TADMID\* (Tao with triple sulfas)

For dual control of Gram-positive and Gram-negative infections.

Supplied: Tablets, bottles of 60. Oral Suspension, bottles of 60 cc.

intramuscular or intravenous

For direct action - in clinical emergencies. Supplied: In 10 cc. vials.



New York 17, N.Y. Division, Chas. Pfizer & Co., Inc. Science for the World's Well-Bel

#### RETAIN MORE OF YOUR EARNINGS

the doctor's net income went for fixed commitments. But soon thereafter, the savings began to accumulate, because Dr. D's net income increased as follows during the nine years:

1949								\$17,337	
1950						0	0	18,192	
1951		4		4				19,963	
1952				.0		.0		22,853	
1953			0	0	a	0		26,796	
1954						۰		27,775	
1955			0					29,387	
1956		0					9	34,345	
1957				0				35,134	

In the last few years, he's been able to invest between \$5,000 and \$10,000 annually. Dr. D's

retirement fund right now is more substantial than that of some doctors I know who have earned twice as much annually over twice as long a period!

Isn't that the kind of financial security you want? Isn't that better than being asset-rich and cash-poor... than living by the bank balance... than bullying your wife into a lower standard of living?

If you agree, resolve right now to retain more of your earnings in 1959. All you have to do is apply the method described here. The chart on page 93 will help you get started.

## other's milk

A 50-year-old patient of mine lived with her mother and worked days, leaving the old lady alone. One day the daughter, whom I'd been treating for a cold, came to see me and complained that the cough medicine I'd prescribed, terpin hydrate elixir, wasn't doing her a bit of good. "In fact," she said, "my cold's so bad I can't even taste it. It might as well be water."

She'd brought the bottle with her, and I examined it. By George, it was water. I told her so, and she was baffled.

"Why," she said, "nobody had access to it except me. I live alone with Mother, you know. How mysterious!"

I tactfully refrained from suggesting the obvious culprit.

-A. A. HAMILTON, M.D.

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## KOLANT

. vital antispasmodic action turn. — Merrell's fast, safe antipasmodic . . relieves spasm-pain romptly, without atropine-like side flects. 2. balanced acid-neutralizeg action — magnesium oxide and liminum hydroxide—prompt, longsting relief . . . no laxation, no mustipation. 3. demulcent action subjective of the conting protecte coating covers ulcerated area, monotes healing. 4. antienzymesilpepsin action — Sodium Lauryl lifate — effectively curbs necrotic

## with 4 needed healing actions

effects of pepsin and lysozyme... prevents further erosion. Dosage— Gel: 2 to 4 teaspoonfuls every 3 hours, or as needed. Tablets: 2 tablets (chewed for more rapid action) every 3 hours, or as needed.

NON-CONSTIPATING . . . NON-LAXATING



THE WM. S. MERRELL GOMPANY New York - CINCINNATI - St. Thomas, Ontario Another Exclusive Product of Original Merrell Research

TRADEMARKS : "BENTYL," KOLANTYL®

MEDICAL ECONOMICS · JANUARY 5, 1959 225

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## How I Broke Into My Hospital's Closed Shop

Continued from 82

What was even worse, we were stymied by a sincere belief in a strict apprentice system that many of the older doctors and locally trained young specialists subscribed to. They'd come up under such a system; they thought we should also.

### They Didn't Believe It

They couldn't quite grasp the changes in medical training that have taken place in the past couple of decades. A young man who has had a complete residency in a big university hospital may well have done a given operation more often than a longestablished doctor has done it in thirty years of private practice. But the Metropolitan oldsters couldn't accept this truth. They maintained that the privileges of young doctors should be severely limited for as much as ten vears.

So all ward cases at the hospital were assigned on the basis of staff seniority. The chief of each department did the assigning. If a case of, say, subdural hematoma came along, he gave

it to a senior man who needed experience in that area, regardless of how often one of the juniors might have handled a similar case. Since there were only one or two such operations at Metropolitan each year, a young doctor might have to wait three or four years before getting a chance at one.

As a contemporary of mine put it: "What can you do? I diagnose a given case and persuade the patient to have the operation at Metropolitan. Then the chief takes it out of my hands. 'It's a ward case,' he says. 'The men in this department take turns on ward cases.' Well, I don't mind taking turns. But it never gets to be my turn."

#### No Referrals for Junior

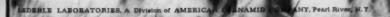
The apprentice system meant that we rarely got semiprivate or private cases either. If an older doctor wanted to refer a patient, he would perhaps refer him to a contemporary—generally to his chief. Or, more often, he would refer him to a St. Louis physician.

All of which put us youngsters behind the eight ball. To get referrals, we had to depend on one another or on self-referred payou can prescribe for more patients

unsurpassed therapy...

with great security...

Aristocort



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you can prescribe for more patients with rheumatoid arthritis...

unsurpassed therapy... with great security ...



## Aristocori

Since its introduction a year ago, ARISTOCORT has been used in the successful treatment of thousands of patients with rheumatoid arthritis. The periods of treatment have been substantial: many patients have been continuously on ARISTOCORT for a year and longer.

A great number of the patients were severe arthritics, transferred from earlier corticosteroids either because of failure to achieve adequate symptomatic improvement, or because of the development of serious hormonal reactions.14 Still others were placed successfully on ARISTOCORT as their first corticosteroid therapy because various conditions, such as healed ulcer, edema, hypertension, etc., did not appear to warrant administration of earlier corticosteroids.

In several patients, duodenal ulcers which had developed on earlier corticosteroid therapy disappeared after the patients were transferred to ARISTOCORT. 1-2

ARISTOCORT effectively controlled inflammatory and rheumatic symptoms on dosages averaging almost 1/3 less than prednisone or prednisolone,1,4,6,7 ARISTOCORT provided greater security because there was freedom from sodium and water retention, absence of potassium depletion, psychic equilibrium was rarely disturbed, there was only a low incidence of peptic ulcer and of osteoporosis with compression fracture.1.2

According to Hartung<sup>3</sup> ARISTOCORT is "the safest effective corticosteroid we have used."

Supplied: 1 mg. scored tablets (yellow); 2 mg. scored tablets (pink); 4 mg. scored tablets (white).

#### Bibliography:

1. Freyberg, R. H.; Berntsen, C. A., Jr., and Hellman, L.: Paper presented at International Congress on Rheumatic Diseases, Toronto June 25, 1957.

2. Hartung, E. F.: Paper presented at Florida Academy of General Practice, St. Petersburg,

Florida, Nov. 2, 1957. 3. Hartung, E. F. : J.A.M.A. 167:973 (June 21) 1958.

4. Freyberg, R. H.; Berntsen, C. A., Jr., and Hellman, L.: Arthritis and Rheumatism 1:215 (June) 1958.

5. Hollander, J. L.; Brown, E. M., Jr.; Jessar, R. A.; Smukler, N. M.; Udeli, L.; Stevenson, C. R., and Bowie, M. A.: Paper read before Interim Session, American Rheumatism Association, Bethesda, Maryland, December 6, 1957. 6. Freeman, H.; Bachrach, S.; McGilpin, H. H., and

Dorfman, R. L : Personal communication. 7. Zuckner, J.; Ramsey, R.;

Caciolo, C., and Ahern, A. M.: To be published.



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can prescribe
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with
respiratory allergies...
unsurpassed
therapy...



## Aristocort

with great security...

Studies in hundreds of patients with respiratory allergies treated with aristocort have proved its substantial advantages. Good to excellent results have been obtained in the great majority of cases on dosages of aristocort averaging ½ to % less than prednisone. Aristocort had fewer and less severe side effects than earlier corticosteroids: there was no sodium and water retention, no potassium loss, psychic equilibrium was rarely disturbed, there was a low incidence of peptic ulcer and of osteoporosis with compression fracture. 1-3

These studies indicate the extension of corticosteroid therapy with aristocort to patients who were previously deprived of corticosteroid therapy because of edema, a history of peptic ulcer and other disorders. Another highly important advantage of aristocort over other corticosteroids is its failure to cause an increase in blood pressure (an actual decrease in blood pressure in many patients with bronchial asthma when transferred to aristocort has also been reported. Since hypertension is often associated with bronchial asthma, aristocort would appear to be a logical choice of therapy in such cases.

Friedlaender and Friedlaender found that aristocort dosage averaged between 50 and 60 per cent of that of prednisone. "Seven out of 40 patients in the asthma group were better controlled on these smaller maintenance doses of triamcinolone. The results in the other asthmatics were at least as good as on higher doses of the previously used steroids." Feinberg, et al. found aristocort "a potent antiallergic hormone, producing therapeutic effects with about one-half the dosage required for prednisone."

Bibliography:

1. Sherwood, H., and Cooke, R. A.: J. Allergy 28:97, 1957. 2. Sherwood, H., and Cooke, R. A.: Personal communication.

3. Segal, M. S., and Duvenci, J.: To be published.

4. Schwartz, E., and Levin, L.: Scientific Exhibit, A.M.A. Annual Meeting, San Francisco, Galif., June 23-27, 1958.

5. Spies, T. D.: Personal communication.

6. Barach, A. L.: Personal communication.

7. Friedlaender, S., and Friedlaender, A. S.: Antib. Med. & Clin. Ther. 5:315. (May) 1958.

8. Feinberg, S. M.; Feinberg, A. R., and Fisherman, E. W.: J.A.M.A. 167:38 (May 3) 1958.



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## you can prescribe for more patients with

inflammatory and allergic dermatoses...

unsurpassed therapy... with great security...



## Aristocort

Several hundred patients with inflammatory and allergic dermatoses have been treated with ARISTOCORT for periods up to one year. Good to excellent results were achieved with dosages of ARISTOCORT averaging ½ to % less than those of earlier corticosteroids.

Highly successful results were obtained by Hollander and his group¹ and Shelley and associates² in the treatment of psoriasis with ARISTOCORT. The former found that when ARISTOCORT was replaced by prednisolone in 9 patients, there was prompt recurrence of psoriasis, which again disappeared on resumption of ARISTOCORT. Side effects were "of mild degree and detracted little from the delight of most of the patients in their improved skin condition."

Shelley and associates found it "gratifying to have a steroid compound which did not lead to fluid retention and edema." They reported that 4 mg, of ARISTOCORT were equivalent to 10 mg, of prednisolone in treating dermatides.

Rein and associates<sup>a</sup> reported on 26 patients with severe dermatitis who were treated with ARISTOCORT. Most of these patients had developed severe hormonal side reactions on prednisolone. ARISTOCORT controlled the symptoms on % the dosage of prednisolone. There was only a low incidence of side effects that did not require interruption of therapy; and in many cases, side effects that had developed with the earlier corticosteroid disappeared with ARISTOCORT.

Appel and associates and Friedlaender and Friedlaenders have also found ARISTOCORT effective in treating dermatoses with dosages ½ to % less than required with prednisone.

Bibliography:

1. Hollander, J. L.; Brown, E. M., Jr.; Jessar, R. A.; Smukler, N. M.; Udell, L.; Stevenson, C. R., and Bowie, M. A.; Paper read before Interim Session, American Rheumatism Association, Bethesda, Maryland, Dec. 6, 1937.

2. Shelley, W. B.; Harun, J. S., and Pillsbury, D. M.; J.A.M.A. 167, 959

[June 21] 1958.

3. Reim, C. R.;

Fleischmajer, R., and Rosenthal, A. L.: J.A.M.A. 165:1821, 1957. 4. Appel, B.; Tye, M. M., and Leibsohn, E.: To be published.

 Friedlaender, S., and Friedlaender, A. S.: Antib. Med. & Clin. Ther.
 315 (May) 1958.

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tients. As a result, we couldn't build really solid practices.

Even when we were permitted to "assist" the older doctors, we were often assistants in name only. Time and again, my colleagues and I discovered we were doing the operation—from the wrong side of the table. We did the major part of the work. But we got assistant's fees.

That's how it was with all us newcomers. That's how it still is with many of my colleagues who are no longer really "new." Take the case of one thoracic surgeon on our staff:

#### Surgeon in Waiting

He took a good residency. He's a polished surgeon. He's been in private practice twelve years. Yet in all that time he's never been referred a major case at Metropolitan to do on his own. He's called in for every single case involving his specialty—but always as the assistant, no matter who the senior surgeon is. That's how he lives. That's how he's expected to live.

· I soon decided I didn't want to live that way. When I finally realized what the score was, I put my foot down. Some months after I joined Metropolitan's staff, I took my chief aside and explained my position to him as tactfully as I could.

"If you want me to do an operation," I said in effect, "it's got to be my case, not another doctor's. If you're agreeable to that arrangement, fine. I'll be glad to handle cases that are referred to me. Otherwise, no."

At that time, I was doing a couple of cases each month on my own and serving as assistant on maybe a dozen others. After I'd refused to assist on any further neurosurgical cases, my income took a terrific nose dive. Frankly, it was lucky my wife had a job.

#### No Holds Barred

It was hard going. But I'd made up my mind to fight the Battle of Metropolitan to the end. So I set out to build up my practice and reputation as best I could. What's more, I was determined to use every weapon within my grasp. The well-entrenched oldsters were giving us no quarter; as I saw it, we had an equal right to strike back hard. Most of my contemporaries felt the same way.

To begin with, I took pains to make friends with nurses. I

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told them about my training and about the kind of operations I did. If they waited something, I went out of my way to cooperate with them.

They understood, and they cooperated with me. In fact, they became my best advertisers. To the extent they were able to do so, they helped get me a good reputation within the city.

I also made friends with laymen who were intimately connected with the hospital. In particular, I sought out the administrator and discussed the "closed shop" situation with him.

#### He Took Them to Task

He was a good man, with the well-being of Metropolitan very much at heart. After we'd chatted frankly a few times, he made his own quiet study of what was going on. Then, convinced that my complaints were justified, he took the problem to the trustees.

"We've got to use our new blood here if we don't want to become a dying institution," he warned them.

As you might guess, all this maneuvering bothered me. I'd never dreamed I'd have to employ such tactics. But I knew I had no alternative as long as

the older doctors constantly ran down board certification and knifed us younger men in the back.

But it wasn't all maneuvering. The older doctors' lack of competence in certain areas began to tell, and that helped me too. For instance:

My chief was enough of a doctor to recognize his own limitations. So when I stopped assisting him, he stopped doing neurosurgical operations and began referring most such cases to St. Louis surgeons—as he'd usually done before my arrival at Metropolitan.

A man can't refer case after case to out-of-town doctors without the trustees' finding out about it. I'll be honest enough to admit that I made sure they did find out.

Eventually, they called the doctor to task. "We invested \$25,000 in these new neurosurgical facilities," they said. "Why on earth are you sending neurosurgical cases to St. Louis? We've got the facilities here. Let's use them."

The pressure was on him. And that was when I stopped battling and began trying to cooperate with him.

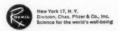
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## METERED - PLOW ALLOW 30 SECONDS RETWEEN DISPENSINUS

Special note to doctors who took this tour:

Problems of over- and under-dosage, spillage, spoilage or leakage disappear with VITERBA PEDIATRIC'S new Metered-Flow bottle. Why not consider these advantages when you recommend a vitamin supplement?



#### MY HOSPITAL'S CLOSED SHOP

I volunteered to handle some of the administrative details in connection with our neurosurgical facilities. I took a personal interest in the equipment; and when we needed another important machine, I compared prices on it, explained to a staff committee why it was needed, and saw to it that it was purchased and installed. I even suggested that we train some residents in neurosurgery. When my chief agreed, I began working out the details for such a program.

I also started to practice what I preached about cooperation on

the part of all staff physicians: I gave referrals impartially, with no thought of past friction.

For example, one patient who needed a bowel resection came to me for it. I had a general surgical appointment; I could have handled the case myself. But my chief was an expert at bowel surgery. I referred the case to him. And the next time a ward case came up in my field, I got it.

It was by no means smooth sailing during the first year after I refused to assist at operations within my province. Many members of the senior staff were evi-

in intranasal congestion

## Vasocort's

# safely reduces EDEN and INFLAMMATIO

Vasocort®, in addition to hydrocortisone, also contains phenylephrine and Paredrine® for both immediate and prolonged relief of nasal blockage. The low concentrations of Vasocort's three components, while highly effective, seldom if ever produce burning, stinging, or rebound turgescence. See PDR (Physicians' Desk Reference).





## ACIDTYPES from the Gelusil Family Album

FATHER

Father knew only two ways to do a thing: his way and the wrong way. He was principled, positive-and dyspeptic.

He and the years have passed but his heirs-in-spirit carry on his hard-driving tradition. Gastric hyperacidity is no stranger to them, either. Today, however, you can provide lastingly effective symptomatic relief with pleasant-tasting Gelusil . . . the antacid adsorbent Father should have had.

Especially important to your hospitalized patients . . . Gelusil is all antacid in action . . . contains no laxative . . . does not constipate. Prescribe Gelusil, the choice of modern physicians for every antacid need.



antacid adsorbent

MEDICAL ECONOMICS · JANUARY 5, 1959 235

dently hell-bent on busting me for my refusal to knuckle under to the system. They declined to refer cases to me. They put annoying little roadblocks in my path. For example, when I suggested a research project requiring animal surgery, I was told there was a strict state law against surgical experimentation on animals. (I later found this to be untrue.)

But I hung on. Slowly, ever so slowly, my practice increased. And at last I got the really big break I needed:

## They Got the Point

One of Metropolitan's older doctors sent a fairly serious neurosurgical case all the way to Chicago. The man he referred it to happened to have taught me earlier in my career. We'd kept in touch. He knew where I was. So when the patient came to him, the doctor sent him right back, along with a fairly stern letter.

The letter pointed out that Metropolitan had Dr. Stukey on its premises, and that, since Stukey was perfectly capable of handling the case, there was no need to send the patient elsewhere. The Chicago surgeon happens to be unusually compe-

tent. So Metropolitan's older doctors felt rather sheepish about the affair.

Many of them began to refer a few cases to me. A little while later, the chief set up a neurosurgical service and named me its chief.

The title "chief" worked like a charm. My former opponents at last became regular sources of referral. Many stopped me in the halls and asked me how my research project was coming along.

I guess I've got it made now. I guess, too, that I'm the first doctor who has actually fought Metropolitan's system—who has insisted on being supervised by his peers, who has declined to assist men who are less competent than he in his field, who has worked through the administrator and the trustees, and who hasn't been discouraged by the senior men's opposition.

My success hasn't guaranteed a fair deal for other new staff men. But it has made the older men more tolerant towards them. I think things are likely to be different at Metropolitan from now on. At least, I'll use whatever influence I have to make them different.

The But well-kno small do tensionside rec

Takes the "spikes" out of blood pressure... calms anxiety states ...

## **Butiserpine**°

Quiescence is prescribed when you use Butiserpine.

The Butisol component acts at once to produce its well-known quieting "daytime sedation." And the small dosage of reserpine gradually builds up its tension-suppressing effect, without the disturbing side reactions of larger dosage.

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y clinicians believe that good nutrition plays a significant role in preventing bacterial ections, and that immunity depends on adequate vitamin levels. Tisdall<sup>1</sup> states 4 a low intake of a number of vitamins, a low intake of minerals, and a change in quality of protein can all lower resistance to infection."

er studies show the important role of the B vitamins in antibody formation.

S. Nutrition Reviews² reports: "Present evidence indicates that certain B vitamins, notably ridoxine, pantothenic acid and folacin, play a significant role in antibody synthesis."

cording to Pollack and Halpern,³ "Under-nutrition leads to increased susceptibility to infection dedecreased resistance to established disease." And "vitamin deficiency states may adversely influence circulating antibodies."

tern' reports that "good nutrition is important for optimal resistance to infection, for a crior tissue capability to cope with disease and injury, and for maximum antibody duction...nutrition participates in the prophylaxis against most acute infections..."

while MacBryde<sup>5</sup> feels that evidence is lacking to support the view that a higher than smal intake of vitamins will improve resistance to infection, he also states: "Restoration of trition to normal exerts a favorable influence on practically all disease conditions... in the outcome will depend more upon the correction of the malnutrition than upon any mapy directed toward the malady."

## THERAGRAN

now expanded to include additional essential vitamins -

and at no extra cost to your patients

Each Therage															
Vitamin A .										2	5,00	0	11.5	S.P.	unit
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Supply: Family Packs of 180. Bottles of 30, 60, 100 and 1,000.

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## How to Write Collection Letters That Get Results

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eliminates any impression of egocentricity from a letter. And it subtly underscores the idea that not the doctor, but the patient, is responsible for seeing that the account is paid up.

## Use simple and informal words in every collection letter.

When you're talking with a patient, you don't use a medical vocabulary he can't follow. When you write to him, it's just as important to keep his attention from wandering. The safe way is to express yourself simply and informally.

This means, for instance, that you'll favor "about" over "approximately"; "if" instead of "provided that"; "but" rather than "however"; and "letter" in place of "communication." It also means you'll avoid the kind of stock phrases that come to mind all too easily.

Here's a horrible example, with its stock phrases italicized: Dear Mr. Johnson:

We beg to advise that the above-mentioned account remains unpaid. As a matter of fact, it is long past due. Underthe circumstances we shall expect your payment at an early date.

> We remain, Sincerely yours,

What's wrong with the italicized terms, of course, is that they're easy writing but heavy reading. They make the letter sound like an impersonal—and therefore unimportant—form letter. What's more, they're old-fashioned. They invite a patient to wonder: Does this doctor practice old-fashioned medicine too?

So whenever you're tempted to use a stock phrase, beat down the impulse. Write it the way you'd say it on the telephone, and you'll get just about the right effect.

## 5. Avoid fighting words in a collection letter.

I can best show you what I mean by citing another bad example, with all its red flags in italics:

Dear Mr. Johnson:

I must insist on payment of your long overdue account at once. Unless you do pay, your continued unwillingness to cooperate will leave me no alter-

## cold sufferers never dry...



# they just blow away!



Until you provide
GREATER RELIEF
with longer-acting\*

## Novahistine LP

•A single dose provides relief for as long as 12 hours.

Novahistine LP† combines the action of a quick-acting sympathomimetic with an antihistaminic drug for a greater decongestive effect.

Each LP tablet contains:
Phenylephrine hydrochloride, 20 mg.
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Usual dose: Two tablets, morning and evening. For mild cases (and children), 1 tablet. Occasional patients may require a third daily dose, which can be tafely given.

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native but to turn over your unsatisfactory record to the Medical-Dental-Hospital Bureau for immediate collection. Sincerely yours,

Angry words like those I've italicized simply tend to arouse anger in the recipient. There's nothing wrong with the basic idea of the above letter, if it's timed right. What's wrong is the way the idea is expressed.

Notice how the writer seems to be shouting insults, when plain firmness would do as well. Beware of other fighting terms, too, like "you claim . . " and "your delinquent account." Such expressions rarely bring in checks.

## 6. Keep your collection letters short.

Fifty words a letter is plenty. If you can say it clearly in forty words or less, so much the better.

Collection letters aren't like ordinary letters. No matter how short or well written they are, no one likes to read them. A dunning letter that runs on and on loses impact with each additional sentence.

## 7. Organize your collection letters well.

When you have only fifty

words or so to work with, each one counts. So your first sentence should get right to the point. If you need to expand on that point, or to give your patient some facts or background, do it in the next sentence or two. Always end by indicating the action you want the patient to take, or that he still can take if he moves swiftly enough. Except for a courteous closing phrase, that's all you need.

Perhaps you're thinking that it's one thing to make rules for collection letters, but quite another for a busy doctor to apply them each time he writes a new one. The trick is to draw up one or two model letters for each stage in the collection process.

Your secretary can use them again and again by simply rewording an occasional phrase to fit a given case. All you need do is sign your name from time to time. Every couple of years, if you want, you can reword your models. That way, they'll never get to seem like mechanical form letters.

Is it time to repackage your collection messages? If so, the models that accompany this article should give you some ideas on how to get started.

## Letters

Continued from 19

by the physicians who practice in this clinic.

Quoting further from the monograph, you say: "'Reports indicate that at this clinic there are no free or part-pay patients. Every patient pays the set fee determined by the clinic executive." The truth is that many patients are treated annually from whom no financial remuneration is expected or received; and that each department of the clinic has established a schedule of fees to guide the individual doctor.

Finally, you quote the monograph as follows: "'The clinic . . . acts as the receiving and out-patient department for the hospital." This is not so. For many years St. Luke's Hospital has maintained its own emergency room and out-patient department. It has an excellent interne-resident staff. These young doctors know that every patient must be allowed his free choice of physician.

In sum, you have inferred that this partnership has taken advantage of a nonprofit hospital. This inference is wholly false.

> Charles Heilman, M.D. Fargo, N. D.

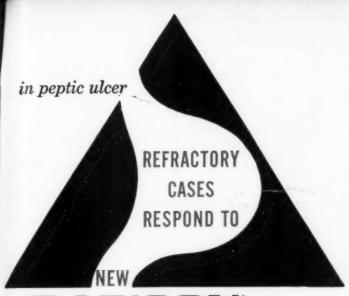
MEDICAL ECONOMICS made no such

inference. The statements in question were quoted verbatim from the monograph being reviewed. Asked for comment, the publishers of the monograph-the Foundation for Management Researchreplied as follows:

"Description of the operations of the Fargo Clinic is drawn from Louis C. Brown's 'Doctors' Offices in Hospitals: A New Trend.' This is a dissertation presented to the Board of Graduate Studies of Washington University in partial fulfillment of the requirement for the degree of Master of Hospital Administration in St. Louis in June, 1950. Mr. Brown conducted a careful investigation and published his results which satisfied Washington University and the Foundation for Management Research. But if our failure to pring his facts up to date has caused us to fall into inaccuracy at some points, we regret it and regret any inconvenience it may have caused the Fargo Clinic." -Fn

## Nonmedical 'Specialists'

SIRS: "One Way to Cope With Nonmedical 'Specialists' " mentions optometrists, psychologists, and podiatrists. To this group I'd add the oral surgeon who has only a dental degree. In many sections of the country, such men are certainly "out of bounds." In one large Detroit hospital, for instance,



## DARICON\* tablets

OXYPHENCYCI IMINE HYDROCHLORIDE

## POTENT ANTICHOLINERGIC ACTION

curbs secretion when excessive normalizes motility when overactive

Activity appears to be restricted to the desired site of action. Predictable therapeutic response in refractory cases.

Potency and Prolonged Duration of Action 10 mg, b.i.d. Average Dose · Supplied as: 10 mg, white, scored tablets

References: 1. Finkelstein, Murray: Journal of Pharmacology and Experimental Therapeutics, in press. 2. Winkelstein, Asher: Paper in preparation. Trademark



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## Letters

the dentists are not only doing lip surgery, parotidectomies, etc.; they're even doing neck dissections!

M.D., Michigan

SIRS: ... Public opinion is forcing increasingly high levels of collegiate and post-graduate study for specialties. Optometry must either respond or die at the roots.

If optometrists wish to be known as doctors, let them pay the price in education, effort, and personal attainment. If they prefer to proceed on a something-for-nothing basis, let them remain technicians in refraction.

M.D., Louisiana

SIRS: As an ethical optometrist who maintains the best possible relations with physicians, I thought your article both fair and objective... No dedicated and thinking optometrist would ever imply that his profession's objectives go beyond the present logical limitations consistent with optometric education. It's too bad that the economics of the eye-care field dominate these issues rather than consideration for the patient—the forgotten third person.

G. P. Elmstrom, O.D. El Segundo, Calif. END

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for the fastest possible control of nausea... or vomiting...

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Compazine\* Injection

2 cc. ampuls
(5 mg./cc.)

(5 mg./cc.)

Always keep one in your bag for immediate effect.

- · Effective in low dosage
- · Minimal hypotensive effect
- · Pain at the site of injection has not been a problem

For maintenance therapy: Tablets, Spansule† sustained release capsules, Syrup and Suppositories.

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QUIACTIN provides greater tranquility, yet avoids the drowsiness that causes patient discomfort or oversteps the bounds of safety.1 Work, and other normal activities, continue with no drop in efficiency.2 Structurally, QUIACTIN is a glycidamide ... atom by atom, a completely new tranquilizer, prolonged in activity, nontoxic, noncumulative and free of withdrawal symptoms. QUIACTIN will not deepen depression if it is present.

1. Proctor, R. C., Southern Psychiatric Assoc. Meeting, October 7, 1957. 2. Feuss, C. D. and Gragg. L. Jr.: Dis. Nerv. Sys. 18:29; 1957.

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## Memo

From the Publisher

#### What Influences Doctors?

More than most men, doctors react against unsupported opinions and unproved generalities. Their training makes them suspicious of the pontifical, the dogmatic, the doctrinaire. What influences them most is straight facts.

If you doubt it, consider the case of MEDICAL ECONOMICS. This magazine doesn't go in for editorial pleading; it doesn't even have an editorial page. Its articles consist largely of facts-survey statistics, economic reports, real-life experiences, etc.-with just enough expert opinion added to make the facts meaningful.

You might think such straightforward stuff wouldn't greatly influence doctors' thinking. Well, you'd be wrong, according to Alfred Politz.

Mr. Politz has done intensive readership studies of magazines like Life, Look, Reader's Digest, Saturday Evening Post-and recently, at our invitation, MEDICAL ECONOMICS. One of the things that surprised him about this magazine was the great influence its readers attributed to it. More than 58 per cent of them remembered having their opinions changed or their viewpoints influenced by articles they'd read in MEDICAL ECONOM-ICS.

They cited examples like these: "Facts on Social Security helped me decide I didn't want it" . . . "I used to believe in basing fees on patients' incomes, but one article changed my mind"..."The magazine made me realize that my 'safe' investments weren't safe at all during inflation" . . . "Their reports showed me I was paying my office help too little" . . . "Completely al tered my ideas on what's adequat insurance coverage today"..."After reading the financial facts about one specialty I was interested in, I decided I'd do better to stay a family doctor" . . . "I was radically opposed to any dealings with labor unions-until I read how they were setting up their own health plans. Now I see that dealing with them is better than driving them out of Blue Shield."

Why did these doctors change their minds? Simply because new facts had been brought to their attention.

That's how the scientific mind works. And that's how it's influenced by MEDICAL ECONOMICS.

-LANSING CHAPMAN